### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 1 of 64

| Fill in this information to identify your case: |                               |  |                     |
|---|-------------------------------|--|---------------------|
| United States Bankruptcy Court for the:         |                               |  |                     |
| Northern District of: Illinois (State)          | <u></u>                       |  |                     |
| Case number (if known)                          | Chapter you are filing under: |  |                     |
|   | ✓ Chapter 7                   |  |                     |
|   | Chapter 11                    |  |                     |
|   | Chapter 12                    |  | Check if this is an |
|   | Chapter 13                    |  | amended filing      |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| . Your full name  | LaDonna                    |   |
|   | First name                 | First name                                    |
| Write the name that is on   | E                          |   |
| your government-issued<br>picture identification (for               | Middle name                | Middle name                                   |
| example, your driver's  | Brown                      |   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| . All other names you   |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   |                            |   |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   |                            |   |
|   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| Only the last 4 digits of your Social                               | XXX - XX                   |   |
| Security number or<br>federal Individual                            | OR                         | OR  |
| Taxpayer Identification number                                      | 9 xx - xx-                 | 9 xx - xx-                                    |
| (ITIN)  |                            |   |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 2 of 64

| D  | ebtor 1 LaDonna<br>First Name                          | E Brown Middle Name Last Name   | Case number (if known)   |
|----|--|---|--|
|    | - Hot Hame   | missio Namo   |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 8032 S. Trumbull Ave Number Street Apt. 01  | Number Street  |
|    |  | Chicago Illinois 60652 City State Zip Code  | City State Zip Code  |
|    |  | Cook State Zip Code   | City State Zip Code  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  |   |  |
|    |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:  | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  | -   |  |
|    |  |   |  |
|    |  |   |  |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 3 of 64

| De  | ebtor 1 LaDonna   | E  |  | Case number (if kno   | own)   |
|-----|---|--|--|---|--|
|     | First Name  | Middle Name  | Last Name  |   |  |
| Pa  | Tell the Court Abo  | out Your Bankruptcy Case   |  |   |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |  | iption of each, see <i>Notice Req</i> ilso, go to the top of page 1 and  |   | C. § 342(b) for Individuals Filing for opriate box.  |
| 8.  | How you will pay the fee  | more details about how cashier's check, or mone may pay with a credit ca  I need to pay the fee in Individuals to Pay Your  I request that my fee be judge may, but is not received the official poverty line to | you may pay. Typically, if you ey order. If your attorney is surd or check with a pre-printer installments. If you choose Filing Fee in Installments (Compared to, waive your fee, and that applies to your family singuous must fill out the Application. | ou are paying the<br>submitting your<br>ed address.<br>e this option, sig<br>official Form 103<br>this option only<br>and may do so only<br>ize and you are u | the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney in and attach the <i>Application for AA</i> ).  If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | V No.  Yes. District  District  District   | When<br>When<br>When   | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY  | Case number  Case number  Case number  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District   | When When  | MM / DD / YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known   |
| 11. | Do you rent your residence?   | ✓ No. Go to line 1   |  | -   | st You (Form 101A) and file it with  |

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 4 of 64

Debtor 1 LaDonna Brown Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 5 of 64

Debtor 1 LaDonna Brown Case number (if known)

First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 6 of 64

| Debtor 1 LaDonna  | Middle Name   | Brown   | Case number (if known,   |   |  |  |  |
|---|---|---|--|---|--|--|--|
| Part 6: Answer These Que  | estions for Reporting   | Last Name  Purposes   |  |   |  |  |  |
| 16. What kind of debts do you have?   | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |   |  |   |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing und expenses are   | under Chapter 7. Go to line<br>der Chapter 7. Do you estima<br>e paid that funds will be availa | te that after any exempt prop  | perty is excluded and administrative ed creditors?  |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 5,001   | 0-5,000<br>-10,000<br>01-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,00<br>\$100,001-\$500,<br>\$500,001-\$1 mil  | 00  | 00,001-\$10 million<br>000,001-\$50 million<br>000,001-\$100 million<br>,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,00<br>\$100,001-\$500,<br>\$500,001-\$1 mil  | 00  | 00,001-\$10 million<br>000,001-\$50 million<br>000,001-\$100 million<br>,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
| Part 7: Sign Below  | I le accessione al Alain  |   |  | h - i - f + i i - l l i   |  |  |  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill   |   |  |   |  |  |  |
|   |   | have obtained and read the  |  |   |  |  |  |
|   | · · · · · ·   | -   |  | ode, specified in this petition.  |  |  |  |
|   | connection with a ba  |   | n fines up to \$250,000, or  | money or property by fraud in imprisonment for up to 20 years, or   |  |  |  |
|   | /s/ LaDonna Br  | own   | ×  |   |  |  |  |
|   | Signature of Debto  |   | Signature of D   | Debtor 2  |  |  |  |
|   | Executed on _   | 7/9/2018<br>MM / DD / YYYY  | Executed o   | n   |  |  |  |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 7 of 64

| Debtor 1 LaDonna                                 | E                         | Brown  | Case number (if I            | known)  |  |  |  |  |  |
|--|---------------------------|--|------------------------------|---|--|--|--|--|--|
| First Name                                       | Middle Name               | Last Name  |                              |   |  |  |  |  |  |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 1   | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>lso certify that I have delivered to the |  |  |  |  |  |
| If you are not                                   | debtor(s) the notice requ | uired by 11 U.S.C. §   | 342(b) and, in a case in v   | which § 707(b)(4)(D) applies, certify that I  |  |  |  |  |  |
| represented by an                                | have no knowledge afte    | have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. |                              |   |  |  |  |  |  |
| attorney, you do not                             | 4 -                       |  |                              | ·   |  |  |  |  |  |
| need to file this page.                          | /s/ James Nowak           |  | Date                         | 7/9/2018  |  |  |  |  |  |
|  | Signature of Attorney     | for Debtor   | M                            | M / DD / YYYY   |  |  |  |  |  |
|  |                           |  |                              |   |  |  |  |  |  |
|  |                           |  |                              |   |  |  |  |  |  |
|  | James Nowak               |  |                              |   |  |  |  |  |  |
|  | Printed name              |  |                              |   |  |  |  |  |  |
|  | Semrad Law Firm           |  |                              |   |  |  |  |  |  |
|  | Firm name                 |  |                              |   |  |  |  |  |  |
|  | 1444 N. Farnsworth A      | Avenue   |                              |   |  |  |  |  |  |
|  | Street                    |  |                              |   |  |  |  |  |  |
|  | Suite 300                 |  |                              |   |  |  |  |  |  |
|  |                           |  |                              |   |  |  |  |  |  |
|  | Aurora                    |  | Illinois                     | 60505   |  |  |  |  |  |
|  | City                      |  | State                        | Zip Code  |  |  |  |  |  |
|  |                           |  |                              |   |  |  |  |  |  |
|  | Contact phone             | 3122568701   | Email address                | jnowak@semradlaw.com  |  |  |  |  |  |
|  |                           |  |                              |   |  |  |  |  |  |
|  | 6324423                   |  | Illinois                     |   |  |  |  |  |  |
|  | Bar number                |  | State                        |   |  |  |  |  |  |

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 8 of 64

| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | LaDonna                   | E           | Brown                |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |  |
| Case number<br>(If known)                       | -                         |             |                      |  |  |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own |
|--|--------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B)  | 44.44                                |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                               |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$2,177.00                           |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$2,177.00                           |
| rt 2: Summarize Your Liabilities   |                                      |
|  | Your liabilities<br>Amount you owe   |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                   | 44.004.00                            |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$1,034.00                           |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$31,142.00                          |
| Your total liabilities   | \$32,176.00                          |
| art 3: Summarize Your Income and Expenses  |                                      |
| . Schedule I: Your Income (Official Form 106I)   | \$1,373.00                           |
| Copy your combined monthly income from line 12 of Schedule I   | + .,5. 5.50                          |
|  |                                      |
| . Schedule J: Your Expenses (Official Form 106J)   | \$1,372.00                           |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 9 of 64

| Deb         | tor 1 LaDonna  | E  | Brown  | Case number (if known)                     |          |  |  |  |  |  |
|-------------|--|--|--|--|----------|--|--|--|--|--|
|             | First Name   | Middle Name  | Last Name  |  |          |  |  |  |  |  |
| Part        | 4: Answer These Que  | stions for Administrati  | ive and Statistical Record   | ds   |          |  |  |  |  |  |
| 6. <b>A</b> | re you filing for bankrupto  | under Chapters 7, 11, or   | · 13?  |  |          |  |  |  |  |  |
|             | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.   |  |  |  |          |  |  |  |  |  |
| Ŀ           | Yes.   |  |  |  |          |  |  |  |  |  |
| 7. <b>W</b> | 7. What kind of debt do you have?  |  |  |  |          |  |  |  |  |  |
| [           | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. |  |  |  |          |  |  |  |  |  |
|             | Your debts are not prin this form to the court with  |  | u have nothing to report on thi  | is part of the form. Check this box and so | ubmit    |  |  |  |  |  |
|             | From the Statement of You<br>Form 122A-1 Line 11; <b>OR</b> , F  |  | e: Copy your total current mon rm 122C-1 Line 14.  | thly income from Official                  | \$111.00 |  |  |  |  |  |
| 9.          | Copy the following specia  | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:                               |  |  |          |  |  |  |  |  |
|             | From Part 4 on Schedule  | E/F, copy the following:   | Total claim  |  |          |  |  |  |  |  |
|             | 9a. Domestic support obliga  | ations (Copy line 6a.)   |  | \$0.00                                     |          |  |  |  |  |  |
|             | 9b. Taxes and certain other  | debts you owe the governn  | nent. (Copy line 6b.)  | \$0.00                                     |          |  |  |  |  |  |
|             | 9c. Claims for death or pers   | onal injury while you were ir  | ntoxicated. (Copy line 6c.)  | \$0.00                                     |          |  |  |  |  |  |
|             | 9d. Student loans. (Copy lin   | e 6f.)   |  | \$0.00                                     |          |  |  |  |  |  |
|             | 9e. Obligations arising out of priority claims. (Copy line 6)  | Obligations arising out of a separation agreement or divorce that you did not report as ty claims. (Copy line 6q.) |  |  |          |  |  |  |  |  |
|             | 9f. Debts to pension or pro-   | it-sharing plans, and other  | \$0.00   |  |          |  |  |  |  |  |
|             | priority claims. (Copy line 60   | g.)  | r divorce that you did not reportations of the reportation of the repo | t as <u>·</u>                              |          |  |  |  |  |  |

\$0.00

9g. **Total.** Add lines 9a through 9f.

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 10 of 64

| Fill in this                           | information to identify yo   | our case:   |                                     |  |                         |  |  |
|--|--|---|-------------------------------------|--|-------------------------|--|--|
|  | LaDonna  | E   |                                     | Brown  |                         |  |  |
| Debtor 1                               | First Name   | Middle N  | lame                                | Last Name  |                         |  |  |
| Debtor 2<br>(Spouse, if fil            | ling) First Name   | Middle N  | lame                                | Last Name  |                         |  |  |
| United Sta                             | ates Bankruptcy Court for  |   | iamo                                | District of Illinois   |                         |  |  |
| Case num                               | ber  |   |                                     | (State)  |                         |  |  |
| (If known)                             | . =  |   |                                     |  |                         |  | Check if this is an  |
| Officia                                | l Form 106A/E  | <u>3</u>  |                                     |  |                         |  | amended filing   |
| Sche                                   | dule A/B: Pro  | perty   |                                     |  |                         |  | 12/1   |
| category v<br>responsibl<br>write your | where you think it fits be<br>the for supplying correct<br>name and case numbe | est. Be as complete a<br>information. If more s<br>r (if known). Answer e | nd accura<br>pace is n<br>very ques | et only once. If an asset fits in m<br>ate as possible. If two married po<br>eeded, attach a separate sheet i<br>stion.<br>ther Real Estate You Own or | eople are<br>to this fo | e filing together, both a<br>rm. On the top of any a | re equally   |
|  |  |   |                                     | sidence, building, land, or similar  |                         |  |  |
|  | No. Go to Part 2   | or equitable interest   | in uny roc                          | suchoc, building, faile, or similar  | Propert                 | <b>y</b> .   |  |
|  | Yes. Where is the proper   | tv?   |                                     |  |                         |  |  |
|  |  |   | What is                             | the property? Check all that apply   | ٧.                      | Do not deduct secured                                | claims or exemptions. Put                                  |
| 1.1                                    | Street address, if available   | e or other description  | Sing                                | le-family home   |                         | -  | red claims on Schedule D:<br>nims Secured by Property.     |
|  | Chook addresse, ii available, of outer description                             |   |                                     | lex or multi-unit building   |                         | Current value of the                                 | Current value of the                                       |
|  |  |   |                                     | dominium or cooperative  |                         | entire property?                                     | portion you own?   |
|  |  |   | Lan                                 |  |                         | <del></del>  |  |
|  | Number Street  |   | Inve                                | stment property  |                         | Describe the nature of interest (such as fee s       |  |
|  | City State   | Zip Code  | Time                                | eshare<br>er   |                         | the entireties, or a life                            |  |
|  | Only Oldio   | 2.10 0000   |                                     | s an interest in the property? Ch  | neck                    | Check if this is co                                  | emmunity property  |
|  |  |   | one.                                | tor 1 only   |                         | Ш  |  |
|  |  |   |                                     | tor 2 only   |                         |  |  |
|  |  |   | Deb                                 | tor 1 and Debtor 2 only  |                         |  |  |
|  |  |   | At le                               | ast one of the debtors and another   | r                       |  |  |
|  |  |   |                                     | nformation you wish to add abou<br>y identification number:  | t this ite              | m, such as local                                     |  |
| If you                                 | own or have more than o  | ne, list here:  |                                     |  |                         |  |  |
|  |  |   |                                     | the property? Check all that apply   | <b>y</b> .              |  | claims or exemptions. Put red claims on <i>Schedule D:</i> |
| 1.2                                    | Street address, if available   | e, or other description   | _ `                                 | le-family home<br>lex or multi-unit building   |                         |  | ims Secured by Property.                                   |
|  |  |   |                                     | dominium or cooperative  |                         | Current value of the                                 | Current value of the                                       |
|  |  |   |                                     | ufactured or mobile home   |                         | entire property?                                     | portion you own?   |
|  | Number Street  |   | Lan                                 | d  |                         | Decaribe the neture of                               | f.va.vu avvua vahin  |
|  | Trambol Chook  |   |                                     | stment property  |                         | Describe the nature of interest (such as fee s       | simple, tenancy by   |
|  | City State   | Zip Code  | Hoth                                | eshare<br>er   |                         | the entireties, or a life                            | e estate), if known.                                       |
|  |  |   |                                     | s an interest in the property? Ch  | neck                    | Check if this is co                                  | mmunity property   |
|  |  |   | one.                                | tor 1 only   |                         | Ш  |  |
|  |  |   |                                     | tor 2 only   |                         |  |  |
|  |  |   |                                     | tor 1 and Debtor 2 only  |                         |  |  |
|  |  |   | At le                               | ast one of the debtors and another   | r                       |  |  |
|  |  |   |                                     | nformation you wish to add abou<br>y identification number:  | t this ite              | m, such as local                                     |  |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 11 of 64

| Debtor 1  | LaDonna   | E                     | Brown   | Case numbe  | r (if known)                           |   |
|-----------|---|-----------------------|---|-------------|--|---|
|           | First Name  | Middle Name           | Last Name   | _           | · · ·                                  |   |
|           | et address, if available, or d                            | other description     | What is the property? Check all that an Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property | oply.       | the amount of any secu                 |   |
| City      | State   | Zip Code              | Who has an interest in the property?  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot Other information you wish to add at        | her         | Check if this is co (see instructions) |   |
|           |   |                       | property identification number:   |             |  |   |
| you ha    | ve attached for Part 1. V                                 | Vrite that number     | r all of your entries from Part 1, include here.<br>▶   |             |  |   |
| ou own tl | hat someone else drives. If                               | f you lease a vehicle | st in any vehicles, whether they are re<br>, also report it on Schedule G: Executory<br>prcycles  | -           | -                                      |   |
| 3.1       | Make<br>Model:<br>Year:                                   |                       | Who has an interest in the proper one.  Debtor 1 only   | erty? Check | the amount of any secu                 | claims or exemptions. Put<br>ired claims on <i>Schedule D:</i><br>iims Secured by Property.                           |
|           | Approximate mileage: Other information:                   |                       | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community p instructions)   |             | Current value of the entire property?  | Current value of the portion you own?   |
| 3.2       | Make Model: Year: Approximate mileage: Other information: |                       | Who has an interest in the proper one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | erty? Check | the amount of any secu                 | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
|           |   |                       | At least one of the debtors and Check if this is community p instructions)  |             |  |   |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 12 of 64

|      | LaDonna<br>First Name  | E<br>Middle Name | Brown<br>Last Name   | Case number   | er (if known)   |   |
|------|--|------------------|--|---|---|---|
|      | Make<br>Model:<br>Year:  |                  | Who has an interest in the one.  Debtor 1 only   | property? Check   | the amount of any secu  | claims or exemptions. Pured claims on Schedule Lims Secured by Property.  |
|      | Approximate mileage: Other information:  |                  | Debtor 2 only Debtor 1 and Debtor 2 o  | nly   | Current value of the entire property?   | Current value of the portion you own?   |
|      |  |                  | At least one of the debto  |   |   |   |
|      |  |                  | Check if this is commu instructions)   | inity property (see   |   |   |
| 3.4  | Make<br>Model:   |                  | Who has an interest in the one.  | property? Check   | the amount of any secu  | claims or exemptions. Pur<br>red claims on <i>Schedule D</i>  |
|      | Year:<br>Approximate mileage:  |                  | Debtor 1 only  |   |   | nims Secured by Property.   |
|      | Other information:   |                  | Debtor 2 only Debtor 1 and Debtor 2 o  | nly   | Current value of the entire property?   | Current value of the portion you own?   |
|      |  |                  | At least one of the debto  | rs and another  |   |   |
|      |  |                  | Check if this is commu   | nity property (see  |   |   |
| Exan | nples: Boats, trailers, motors,<br>No  |                  | er recreational vehicles, othe<br>t, fishing vessels, snowmobiles,   |   |   |   |
| Exan | nples: Boats, trailers, motors,<br>No<br>Yes<br>Make<br>Model:   |                  | er recreational vehicles, othe<br>t, fishing vessels, snowmobiles,<br>Who has an interest in the<br>one.   | motorcycle accessor   | Do not deduct secured the amount of any secu  | ired claims on <i>Schedule L</i>  |
| Exan | nples: Boats, trailers, motors,<br>No<br>Yes<br>Make   |                  | who has an interest in the one.  Debtor 1 only   | motorcycle accessor   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | claims or exemptions. Pured claims on Schedule Exims Secured by Property.   |
| Exan | nples: Boats, trailers, motors,<br>No<br>Yes<br>Make<br>Model:<br>Year:  |                  | er recreational vehicles, othe<br>t, fishing vessels, snowmobiles,<br>Who has an interest in the<br>one.   | motorcycle accessor property? Check                                     | Do not deduct secured the amount of any secu  | ired claims on <i>Schedule D</i>  |
| Exan | nples: Boats, trailers, motors,<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  |                  | who has an interest in the one.  Debtor 1 only  Debtor 2 only  | motorcycle accessor  property? Check  nly  rs and another               | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule Laims Secured by Property.  Current value of the   |
| 4.1  | nples: Boats, trailers, motors, No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model:                            |                  | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one.                             | property? Check  nly rs and another  inity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Clas  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule Lims Secured by Property.  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule Limbs   |
| 4.1  | nples: Boats, trailers, motors,  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                    |                  | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one. Debtor 1 only               | property? Check  nly rs and another  inity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | red claims on Schedule Laims Secured by Property.  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule Laims Secured by Property.                       |
| 4.1  | nples: Boats, trailers, motors, No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year:                      |                  | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one.                             | property? Check  nly rs and another inity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Clas  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule Lims Secured by Property.  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule Limbs   |
| 4.1  | mples: Boats, trailers, motors, No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: |                  | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only | property? Check  nly rs and another inity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule Laims Secured by Property.  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule Laims Secured by Property.  Current value of the |

#### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 13 of 64

Debtor 1 LaDonna Brown Case number (if known) First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Furniture \$1000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Used Tvs \$125.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$50.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No **✓** Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1175.00 for Part 3. Write that number here ......

#### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 14 of 64

Debtor 1 LaDonna Brown Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$1000.00 17.1. Checking account: Bank of America 17.2. Checking account: 17.3. Savings account: \$2.00 Bank of America 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 15 of 64

| Dep. | tor 1 LaDonna<br>First Name                   | Middle Name  | Last Name  | Case number (if known)                   |     |
|------|---|--|--|--|-----|
| 20.  | Government and corp<br>Negotiable instruments | orate bonds and other negotiak<br>include personal checks, cashiers'<br>ents are those you cannot transfer | ole and non-negotiable<br>checks, promissory not | es, and money orders.                    |     |
|      | _   | one are those you cannot transfer  | to someone by signing                            | or delivering them.                      |     |
|      | Yes. Give specific information about them     | Issuer name:   |  |  |     |
|      |   |  |  |  |     |
|      |   |  |  |  |     |
|      |   |  |  |  | · - |
| 21.  | Retirement or pension                         |  | 0.20   | Chalanta all                             |     |
|      | _   | RA, ERISA, Keogn, 401(K), 403(b)   | , thrift savings accounts,                       | or other pension or profit-sharing plans |     |
|      | <b>✓</b> No                                   | Type of account:   | Institution name:                                |  |     |
|      | Yes. List each account                        |  | outation mainor                                  |  |     |
|      | separately.                                   | 401(k) or similar plan:  | _  |  |     |
|      |   | Pension plan:  |  |  |     |
|      |   | IRA:   |  |  |     |
|      |   | Retirement account:  |  |  |     |
|      |   | Keogh:   |  |  |     |
|      |   | Additional account:  |  |  |     |
|      |   |  |  |  |     |
|      |   | Additional account:  |  |  |     |
| 22.  |   | prepayments d deposits you have made so that with landlords, prepaid rent, public                          |  |  |     |
|      | <b>✓</b> No                                   |  | Institution name:                                |  |     |
|      | Yes   | Electric:  |  |  |     |
|      |   | Gas:   |  |  |     |
|      |   | Heating oil:   |  |  |     |
|      |   | Security deposit on rental unit:   |  |  |     |
|      |   | Prepaid rent:  |  |  | •   |
|      |   | Telephone:   |  |  | •   |
|      |   | Water:   |  |  |     |
|      |   | Rented furniture:  | -  |  |     |
|      |   | Other:   |  |  |     |
| 23.  | Annuities (A contract for                     | or a periodic payment of money to  | vou. either for life or for                      | a number of years)                       |     |
|      | No  | or a policulo paymont or money to  | you, ourse to mo or to                           | a mamzer et yeare,                       |     |
|      | 블   | Issuer name and description:   |  |  |     |
|      | Yes   |  |  |  |     |
|      |   |  |  |  | · - |
|      |   |  |  |  | · - |
|      |   |  |  |  | · - |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 16 of 64

| Debto      | or 1 LaDonna   | E   | Brown  | Case number (if known)  |  |
|------------|--|---|--|---|--|
| 0.4        | First Name   | Middle Name   | Last Name  | de la companya de la                    |  |
| 24.        |  | n education IHA, in an account 530(b)(1), 529A(b), and 529(b)(1).   |  | der a qualified state tuition program.  |  |
|            | Ves  | Institution name and description.   | Separately file the records of any inter                                       | ests.11 U.S.C. § 521(c):  |  |
|            |  |   |  |   |  |
| 25.        | Trusts, equita   | able or future interests in prope   | rty (other than anything listed in li  | ne 1), and rights or powers   |  |
|            | - N.   | or your benefit   |  |   |  |
|            | Yes. Desc  | ribe  |  |   |  |
| 26.        |  |   | ets, and other intellectual property<br>oceeds from royalties and licensing ag |   |  |
|            | ✓ No  Yes. Desc  | ribe  |  |   |  |
|            |  |   |  |   |  |
| 27.        |  | nchises, and other general intal<br>Iding permits, exclusive licenses, o  | ngibles<br>cooperative association holdings, liquo                             | r licenses, professional licenses   |  |
|            | <b>✓</b> No  |   |  |   |  |
|            | Yes. Desc  | ribe  |  |   |  |
|            |  |   |  |   |  |
|            |  |   |  |   |  |
| Mon        | ey or proper   | ty owed to you?   |  |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.                                 |
|            | ey or proper   |   |  |   | portion you own? Do not deduct secured   |
|            | Tax refunds o  |   |  |   | portion you own? Do not deduct secured   |
|            | Tax refunds on   |   |  | Federal:  | portion you own? Do not deduct secured   |
|            | Tax refunds on  No Yes. Give s abou you a  | specific information<br>t them, including whether<br>already filed the returns  |  | Federal:<br>State:  | portion you own? Do not deduct secured claims or exemptions.   |
|            | Tax refunds on  No Yes. Give s abou you a  | wed to you specific information t them, including whether   |  |   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.        | Tax refunds on  No Yes. Give s abou you a and t  | specific information t them, including whether already filed the returns the tax years  | sal support, child support, maintenanc   | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.        | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spous  | sal support, child support, maintenanc   | State: Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.        | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns the tax years  | sal support, child support, maintenanc   | State:  Local:  e, divorce settlement, property settlemen   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                              |
| 28.        | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spous  | sal support, child support, maintenanc   | State: Local: e, divorce settlement, property settlemen Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                            |
| 28.        | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spous  | sal support, child support, maintenanc   | State: Local:  e, divorce settlement, property settlemen  Alimony:  Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                        |
| 28.        | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spous  | sal support, child support, maintenanc   | State: Local:  e, divorce settlement, property settlemen  Alimony:  Maintenance:  Support:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00        |
| 28.<br>29. | Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No  ☐ Yes. Give s  Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years   | yments, disability benefits, sick pay, va                                      | State: Local:  e, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.<br>29. | Tax refunds on  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc   | specific information t them, including whether already filed the returns he tax years   | yments, disability benefits, sick pay, va                                      | State: Local:  e, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.<br>29. | Tax refunds on  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc   | specific information t them, including whether already filed the returns he tax years   t due or lump sum alimony, spous specific information  s someone owes you aid wages, disability insurance pay ial Security benefits; unpaid loans | yments, disability benefits, sick pay, va                                      | State: Local:  e, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 17 of 64

| Deb  | tor 1 LaDonna E   | Brown                                       | Case number (if known)                         |  |
|------|---|---|--|--|
|      | First Name Middle N   | Name Last Name                              |  |  |
| 31.  | Interests in insurance policies  Examples: Health, disability, or life insurance  | ; health savings account (HSA); credit, hom | neowner's, or renter's insurance               |  |
|      | No  ✓ Yes. Name the insurance company   | Company name:                               | Beneficiary:                                   | Surrender or refund value:                             |
|      | of each policy and list its value   | Colonial Penn Life Insurance                | LaDonna Brown                                  | \$0.00   |
|      |   | Trinity LifeBurial Policy                   | LaDonna Brown                                  | \$0.00   |
| 32.  | Any interest in property that is due you fill you are the beneficiary of a living trust, exproperty because someone has died. |   | or are currently entitled to receive           |  |
|      | ✓ No Yes. Describe  |   |  |  |
| 33.  | Claims against third parties, whether or Examples: Accidents, employment disputes,  No Yes. Describe                          | •   | demand for payment                             |  |
| 34.  | Other contingent and unliquidated claim to set off claims   | s of every nature, including countercla     | ims of the debtor and rights                   |  |
|      | No Yes. Describe  |   |  |  |
| 35.  | Any financial assets you did not already l  | list  |  |  |
|      | ✓ No Yes. Describe  |   |  |  |
| 36.  | Add the dollar value of all of your entries for Part 4. Write that number here  |   |  | \$1002.00  |
|      |   |   |  |  |
| Part | _   |   | erest In. List any real estate in Part         | 1.   |
| 37.  |   | e interest in any business-related propo    | •  | urrent value of the                                    |
|      | ✓ No. Go to Part 6.  Yes. Go to line 38.  |   | <b>po</b><br>Do                                | ortion you own? o not deduct secured claims exemptions |
| 38.  | Accounts receivable or commissions you  | ı already earned                            | Oi   | exemptions   |
|      | No Yes. Describe  |   |  |  |
| 39.  | Office equipment, furnishings, and suppli<br>Examples: Business-related computers, soft                                       |   | ines, rugs, telephones, desks, chairs, electro | onic devices   |
|      | No Yes. Describe  |   |  |  |
|      |   |   |  |  |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 18 of 64

| Deb  | rtor 1 LaDonna<br>First Name        | E<br>Middle Name                        | Brown<br>Last Name              | Case number (if known)          |  |
|------|-------------------------------------|---|---------------------------------|---------------------------------|--|
| 40.  |                                     |   | se in business, and tools of yo | our trade                       |  |
|      | ✓ No                                |   |                                 |                                 |  |
|      | Yes. Describe                       |   |                                 |                                 |  |
|      |                                     |   |                                 |                                 |  |
| 41   | Inventory                           |   |                                 |                                 |  |
|      |                                     |   |                                 |                                 |  |
|      | Yes. Describe                       |   |                                 |                                 |  |
|      | Ш                                   |   |                                 |                                 |  |
| 42   | Interests in partnersh              | nins or joint ventures                  |                                 |                                 |  |
| 72.  | No No                               | iips or joint ventures                  |                                 |                                 |  |
|      | Yes. Give specific                  | N                                       | ame of entity:                  | % of ownership:                 |  |
|      | information about                   | _                                       |                                 |                                 |  |
|      | them                                |   |                                 |                                 |  |
|      |                                     |   |                                 |                                 |  |
| 43.  | Customer lists, mailing             | _<br>g lists, or other compilation      | ns                              |                                 |  |
|      | ✓ No                                |   |                                 |                                 |  |
|      | lacktriangle                        | include personally identifiable         | information (as defined in 11 l | J.S.C. § 101(41A))?             |  |
|      | □ No                                |   |                                 |                                 |  |
|      | Yes. Desc                           | cribe                                   |                                 |                                 |  |
|      | ш                                   |   |                                 |                                 |  |
| 44.  | Any business-related                | property you did not alrea              | dy list                         |                                 |  |
|      | <b>✓</b> No                         |   |                                 |                                 |  |
|      | Yes. Give specific information      |   |                                 |                                 |  |
|      | intollination                       |   |                                 |                                 |  |
|      |                                     | <del>-</del>                            |                                 |                                 | <del>_</del>                                   |
|      |                                     | _                                       |                                 |                                 |  |
|      |                                     | <del>-</del>                            |                                 |                                 | <del></del>                                    |
|      |                                     | _                                       |                                 |                                 |  |
|      |                                     |   |                                 |                                 |  |
|      |                                     | all of your entries from Par<br>er here | t 5, including any entries for  | pages you nave attached         |  |
|      | Describe Any E                      | orm and Commercial                      | Fishing Polated Property        | You Own or Have an Interest In. |  |
| Part |                                     | n interest in farmland, list it in F    |                                 | Tou Own or have an interest in. |  |
| 46.  | Do you own or have a                | any legal or equitable inter            | est in any farm- or commerc     | ial fishing-related property?   |  |
|      | No. Go to Part 7.                   |   |                                 |                                 | Current value of the                           |
|      | Yes. Go to line 47                  |   |                                 |                                 | portion you own?  Do not deduct secured claims |
|      |                                     |   |                                 |                                 | or exemptions                                  |
| 47.  | Farm animals Examples: Livestock, p | ooultry, farm-raised fish               |                                 |                                 |  |
|      | <b>√</b> No                         | •                                       |                                 |                                 |  |
|      | Yes. Describe                       |   |                                 |                                 |  |
|      | _                                   |   |                                 |                                 |  |
|      |                                     |   |                                 |                                 |  |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 19 of 64

| Deb          | tor 1 LaDonna<br>First Name  | E<br>Middle Name         | Brown<br>Last Name         | Case number (if known)         |             |
|--------------|--|--------------------------|----------------------------|--------------------------------|-------------|
| 40           |  |                          | Last Name                  |                                |             |
| 48.          | Crops-either growing or harvested                                      | 1                        |                            |                                |             |
|              | ✓ No   |                          |                            |                                |             |
|              | Yes. Describe  |                          |                            |                                |             |
|              |  |                          |                            |                                |             |
| 49.          | Farm and fishing equipment, impl                                       | ements, machinery,       | ixtures, and tools of trac | de                             |             |
|              | No No  |                          | ,                          |                                |             |
|              | Yes. Describe  |                          |                            |                                |             |
|              | Tes. Describe  |                          |                            |                                |             |
|              |  |                          |                            |                                |             |
| 50.          | Farm and fishing supplies, chemic                                      | als, and feed            |                            |                                |             |
|              | <b>✓</b> No  |                          |                            |                                |             |
|              | Yes. Describe  |                          |                            |                                |             |
|              | _  |                          |                            |                                |             |
| 51           | Any farm- and commercial fishing                                       | -related property you    | ı did not already list     |                                |             |
| 01.          |  | related property you     | a did not an eddy not      |                                |             |
|              | No   |                          |                            |                                |             |
|              | Yes. Describe  |                          |                            |                                |             |
|              |  |                          |                            |                                |             |
| E2 A         | dd tho dollor volue of all of your on                                  | trice from Dart 6 inc    | luding any antrica for no  | gos vou bovo etteched          |             |
|              | dd the dollar value of all of your en<br>art 6. Write that number here |                          |                            |                                |             |
| <b>&gt;</b>  |  |                          |                            |                                |             |
|              |  |                          |                            |                                |             |
|              |  |                          |                            |                                |             |
| Part         | 7: Describe All Property You   | Own or Have an I         | nterest in That You Di     | id Not List Above              |             |
| 53.          | Do you have other property of any                                      |                          | eady list?                 |                                |             |
|              | Examples: Season tickets, country cli                                  | ub membership            |                            |                                |             |
|              | ✓ No   |                          |                            |                                | 1           |
|              | Yes. Give specific information   |                          |                            |                                |             |
|              | momation   |                          |                            |                                |             |
|              |  |                          |                            |                                | ·           |
|              |  |                          |                            |                                | _           |
| 54. A        | dd the dollar value of all of your en                                  | tries from Part 7. Wri   | te that number here        |                                | .•          |
|              |  |                          |                            |                                |             |
|              |  |                          |                            |                                |             |
|              |  |                          |                            |                                |             |
|              |  |                          |                            |                                |             |
| Part         | List the Totals of Each Par  | t of this Form           |                            |                                |             |
|              | No. 1.4. Total and a state line 0                                      |                          |                            |                                |             |
| 55. I        | Part 1: Total real estate, line 2                                      |                          |                            |                                |             |
| 56 1         | part 2 total vehicles, line 5  |                          |                            |                                |             |
|              | art 3: Total personal and househol                                     | d items, line 15         | ф117F 00                   |                                |             |
|              |  |                          | \$1175.00                  | <del></del>                    |             |
| 58.P         | art 4: Total financial assets, line 3                                  | •                        | \$1002.00                  | <u></u>                        |             |
| 59. <b>I</b> | Part 5: Total business-related prope                                   | erty, line 45            |                            |                                |             |
| 60. <b>I</b> | Part 6: Total farm- and fishing-relat                                  | ed property, line 52     |                            |                                |             |
| 61           | Part 7: Total other property not list                                  | ed. line 54              |                            |                                |             |
|              |  |                          |                            |                                |             |
| 62.          | Total personal property. Add lines 50                                  | o through 61             | \$2177.00                  |                                | + \$2177.00 |
|              |  |                          |                            | Copy personal property total ► |             |
|              |  |                          |                            |                                | \$2177.00   |
| 63. <b>T</b> | otal of all property on Schedule A/                                    | B. Add line 55 + line 62 | 2                          |                                |             |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 20 of 64

|   |  |  | Docu   | ment Page 20 of  | 64  |   |
|---|--|--|--|--|---|---|
| Fill in   | this infor   | mation to identify your case   | e:   |  |   |   |
| Debto   | r 1  | LaDonna<br>First Name  | E<br>Middle Name   | Brown<br>Last Name   |   |   |
| Debto<br>(Spouse  | r 2<br>e, if filing)   | First Name   | Middle Name  | Last Name  |   |   |
| United  | d States B   | ankruptcy Court for the: N   | lorthern D   | istrict of Illinois (State)  |   |   |
| Case I  | number<br><sup>m)</sup>  | -  |  |  |   | _   |
| Offi  | cial   | Form 106C  |  |  |   | Check if this is a amended filing   |
| Sch   | edul   | e C: The Prope   | rty You Claim a  | s Exempt   |   | 04/1  |
| additional | onal pace ach iten a specif mount of exempt r a law t exempti light Iden You a | ges, write your name and not property you claim fic dollar amount as exif any applicable statute etirement funds—may hat limits the exemption would be limited to tify the Property You Coare claiming state and federare claiming federal exemptions. | d case number (if known as exempt, you must seempt. Alternatively, you ory limit. Some exempt be unlimited in dollar as on to a particular dollar the applicable statutor claim as Exempt  aiming? Check one only, everal nonbankruptcy exempt otions. 11 U.S.C. § 522(b)(2) | specify the amount of the umay claim the full fair mions—such as those for himount. However, if you camount and the value of y amount.  Sen if your spouse is filing with y tions. 11 U.S.C. § 522(b)(3) | exemption you<br>arket value of<br>ealth aids, righ<br>laim an exemp<br>the property is | Page as necessary. On the top of any claim. One way of doing so is to the property being exempted up to hts to receive certain benefits, and pition of 100% of fair market value determined to exceed that amount |
| li  |  | cription of the property an<br>chedule A/B that lists this   | d Current value of<br>the portion you<br>own  Copy the value from  | Amount of the exemption ye   |   | Specific laws that allow exemption  |
|   |  |  | Schedule A/B   |  |   |   |
| d   | Brief<br>lescriptior<br><b>Furni</b>   |  | \$1,000.00   | \$0 100% of fair market val  | ue un to anv  | 735 ILCS 5/12-1001(b)   |
|   | ine from<br><i>Schedule i</i>  | 4∕ <i>B:</i> 06  |  | applicable statutory limi  |   |   |
|   | Brief<br>lescriptior   |  | \$125.00   |  |   | 735 ILCS 5/12-1001(b)   |
|   | Used   |  | <u> </u>   | \$125.0  |   | _   |
|   | ine from<br>Schedule   | A∕B:07   |  | 100% of fair market val applicable statutory limit   |   |   |
|   |  |  | nption of more than \$160,<br>d every 3 years after that for a   | 375?<br>cases filed on or after the date o   | f adjustment.)  |   |

No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

#### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 21 of 64

Debtor 1 LaDonna Ε Brown Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(a) \$50.00 description:  $\checkmark$ \$50.00 **Used Clothing** 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 11 Brief 735 ILCS 5/12-1001(b) \$1,000.00 description: **✓** \$1,000.00 Checking account, Bank 100% of fair market value, up to any of America applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) \$2.00 description:  $\overline{}$ \$2.00 Savings account, Bank 100% of fair market value, up to any of America applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(f) \$0.00 description:  $\overline{}$ \$0 **Colonial Penn Life** 100% of fair market value, up to any Insurance applicable statutory limit Line from Schedule A/B: 31 Brief 735 ILCS 5/12-1001(f) \$0.00 description:

\$0

100% of fair market value, up to any

applicable statutory limit

**Trinity Life--Burial** 

31

Policy

Line from Schedule A/B:

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 22 of 64

|                  |                      |  | Du                      | cument Page 22 of 6   | 04                        |                          |                                    |
|------------------|----------------------|--|-------------------------|---|---------------------------|--------------------------|------------------------------------|
| Fill in          | this inforr          | mation to identify your ca                                   | se:                     |   |                           |                          |                                    |
| Debto            | r 1                  | LaDonna  | E                       | Brown   |                           |                          |                                    |
|                  |                      | First Name   | Middle Name             | Last Name   |                           |                          |                                    |
| Debto<br>(Spouse | r 2<br>e, if filing) | First Name   | Middle Name             | Last Name   |                           |                          |                                    |
| United           | d States B           | ankruptcy Court for the:                                     | Northern                | District of Illinois  |                           |                          |                                    |
| Cooo             | number               |  |                         | (State)   |                           |                          |                                    |
| (If know         |                      |  |                         |   |                           |                          |                                    |
| Offi             | cial                 | Form 106D  |                         |   | •                         |                          | Check if this is an amended filing |
| Sch              | redu                 | le D: Credito  | ors Who Ha              | ve Claims Secure  | d by Prop                 | ertv                     | 12/15                              |
|                  |                      |  |                         | e are filing together, both are equa                                    |                           |                          |                                    |
| more s           | space is r           | -  |                         | ber the entries, and attach it to t                                     | •                         |                          |                                    |
|                  |                      | reditors have claims se                                      | ecured by your proper   | hv?   |                           |                          |                                    |
| г                | -                    |  |                         | vith your other schedules. You hav                                      | e nothing else to repo    | ort on this form.        |                                    |
|                  | _                    | Fill in all of the information                               |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                 | 3                         |                          |                                    |
| Dori             |                      | All Secured Claims   |                         |   |                           |                          |                                    |
| Part 1           |                      |  |                         |   |                           |                          |                                    |
| 2.               |                      | secured claims. If a credit<br>by for each claim. If more th |                         | ured claim, list the creditor icular claim, list the other creditors in | Column A  Amount of claim | Column B Value of        | Column C Unsecured                 |
|                  | •                    | •  | •                       | der according to the creditor's name.                                   | Do not deduct the         | collateral               | portion                            |
|                  |                      |  |                         |   | value of collateral.      | that supports this claim | If any                             |
| 2.1              | COMENI               | ITY BANK/ROOMPLCE  | December the surrounds  | Abak as assume Aba alalim.  | \$1,034.00                | \$1,000.00               | \$34.00                            |
|                  | Creditor's           |  | Furniture Loan          | that secures the claim:   |                           |                          |                                    |
|                  | Number               | ( 182789<br>er Street  |                         | , the claim is: Check all that apply.                                   |                           |                          |                                    |
|                  |                      |  | Contingent              | ,   |                           |                          |                                    |
|                  | COLUM                | BUS OH 43218   | Unliquidated            |   |                           |                          |                                    |
|                  | City                 | State ZIP Code   | Disputed                |   |                           |                          |                                    |
|                  |                      | es the debt? Check one. tor 1 only                           | Nature of lien. Check a | all that apply.   |                           |                          |                                    |
|                  |                      | tor 2 only   |                         | made (such as mortgage or secured                                       |                           |                          |                                    |
|                  |                      | tor 1 and Debtor 2 only                                      | car loan)               | 3.5.  |                           |                          |                                    |
|                  |                      | east one of the debtors                                      | Statutory lien (such    | as tax lien, mechanic's lien)   |                           |                          |                                    |
|                  |                      | another  | Judgment lien from      | a lawsuit   |                           |                          |                                    |
|                  |                      | ck if this claim relates<br>community debt                   | Other (including a ri   | ght to offset)  |                           |                          |                                    |
|                  | Date de              | bt was <u>4/2017</u>   | Last 4 digits of accou  | nt number 9302  |                           |                          |                                    |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$1,034.00

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 23 of 64

| Fill in this information to identify your case:  Debtor 1 <u>LaDonna</u> <u>E</u> <u>Brown</u> First Name Middle Name Last Name  |          |
|--|----------|
| First Name Middle Name Last Name   |          |
|  |          |
| Debtor 2   |          |
| (Spouse, if filing) First Name Middle Name Last Name   |          |
| United States Bankruptcy Court for the: Northern District of Illinois (State)  |          |
| Case number (If known)   |          |
| Official Form 106E/F   | filing   |
| Schedule E/F: Creditors Who Have Unsecured Claims  | 2/15     |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Offic Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, num the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number known).  Part 1: List All of Your PRIORITY Unsecured Claims | d<br>ber |
| 1. Do any creditors have priority unsecured claims against you?  |          |
| ✓ No. Go to Part 2.  |          |
| Yes.   |          |
| 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amount As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.   |          |
| (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)   |          |

claim

amount

amount

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 24 of 64

| Debte  | or 1        |   | E                        | Brown            | Case number (if known)   |                                       |
|--------|-------------|---|--------------------------|------------------|--|---------------------------------------|
|        |             |   | Middle Name              | Last Name        |  |                                       |
| Part   | 2:          | List All of Your NONPRIOR   | ITY Unsecured C          | laims            |  |                                       |
| ]      | <b>→</b>    | Yes.  | in this part. Submit     | this form to the | e court with your other schedules.   | than and priority                     |
| t<br>I | unse<br>f m | ecured claim, list the creditor separ   | ately for each claim. F  | or each claim li | r of the creditor who holds each claim. If a creditor has more a sted, identify what type of claim it is. Do not list claims already incorart 3. If you have more than four priority unsecured claims fill out   | cluded in Part 1.<br>the Continuation |
|        |             |   |                          |                  |  | Total claim                           |
| 4.1    | No          | APITALONE<br>onpriority Creditor's Name<br>O BOX 30253  |                          |                  | Last 4 digits of account number 2316 When was the debt incurred? 10/2011   | \$555.00                              |
|        | _           | umber Street  ALT LAKE CITY Utah ty State   | 84130<br>Zip Coc         |                  | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated   |                                       |
|        |             | ho incurred the debt? Check on<br>Debtor 1 only   | e.                       |                  | Disputed   |                                       |
|        | Ľ           |   |                          |                  | Type of NONPRIORITY unsecured claim:   |                                       |
|        | L           | Debtor 2 only   |                          |                  | Student loans  |                                       |
|        |             | Debtor 1 and Debtor 2 only  At least one of the debtors and   | another                  |                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                                       |
|        | Г           | Check if this claim relates to  | a community debt         |                  | Debts to pension or profit-sharing plans, and other similar debts  |                                       |
|        | ls          | the claim subject to offset?  |                          |                  | Other. Specify CreditCard  |                                       |
|        | ~           | <b>N</b> o  |                          |                  | _  |                                       |
|        |             | Yes   |                          |                  |  |                                       |
| 4.2    | CI          | BNA   |                          |                  | Lock 4 digite of account number 0700   | \$4,375.00                            |
|        | No          | onpriority Creditor's Name  |                          |                  | Last 4 digits of account number 9792   | + 1,01 2122                           |
| 4.3    |             | ho incurred the debt? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to the claim subject to offset? | Zip Coc<br>e.<br>another | e                | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify060 InstallmentLoan | \$753.00                              |
| 4.3    | _           | onpriority Creditor's Name  |                          |                  | Last 4 digits of account number5664  | \$753.00                              |
|        |             | Box 6497  |                          |                  | When was the debt incurred? 1/2011   |                                       |
|        | Nu          | oux Falls South D   | Dakota 57117             |                  | As of the date you file, the claim is: Check all that apply.  Contingent   |                                       |
|        | Ci          |   | Zip Coc                  | е                | Unliquidated   |                                       |
|        |             | ho incurred the debt? Check on  | e.                       |                  | Disputed   |                                       |
|        | Ŀ           |   |                          |                  | Type of NONPRIORITY unsecured claim:   |                                       |
|        |             | Debtor 2 only   |                          |                  | Student loans  |                                       |
|        |             | Debtor 1 and Debtor 2 only  |                          |                  | Obligations arising out of a separation agreement or   |                                       |
|        |             | At least one of the debtors and   |                          |                  | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar  |                                       |
|        | Ĺ           | Check if this claim relates to  | a community debt         |                  | debts  |                                       |
|        | Is<br>•     | the claim subject to offset? No Yes   |                          |                  | Other. Specify CreditCard  |                                       |

## Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 25 of 64

Debtor 1 LaDonna E Brown Case number (if known)
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation  | n Page  |             |
|--------|---|---|-------------|
|        | After listing any entries on this page, number them beginning w   | ith 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.4    | CERTIFIED SERVICES INC Nonpriority Creditor's Name PO Box 177 Number Street   | Last 4 digits of account number 3299 When was the debt incurred? 7/2013  As of the date you file, the claim is: Check all that apply.   | \$357.00    |
|        | Waukegan Illinois 60079 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes  | Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA   |             |
| 4.5    | CHASE CARD  Nonpriority Creditor's Name BANK ONE CARD SERV 2500 WESTFIELD DRI  Number Street  ELGIN Illinois 60124 City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Yes | Last 4 digits of account number 6071 When was the debt incurred? 5/2009  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard | \$14,771.00 |
| 4.6    | CHASE CARD  Nonpriority Creditor's Name BANK ONE CARD SERV 2500 WESTFIELD DRI  Number Street  ELGIN Illinois 60124 City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes               | When was the debt incurred? 5/2016  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard                                   | \$1,518.00  |

## Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 26 of 64

 Debtor 1
 LaDonna
 E
 Brown
 Case number (if known)

 First Name
 Middle Name
 Last Name

|     | After listing any entries on this page, number them beginning  | with 4.5, followed by 4.6, and so forth.  | Total claim |
|-----|--|---|-------------|
| 4.7 | COMENITYBANK/WAYFAIR Nonpriority Creditor's Name PO BOX 182789 Number Street   | Last 4 digits of account number 0364 When was the debt incurred? 3/2017  As of the date you file, the claim is: Check all that apply.   | \$317.00    |
|     | COLUMBUS Ohio 43218 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No  Yes  | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard   |             |
| 4.8 | ONEMAIN Nonpriority Creditor's Name P.O. Box 742536 Number Street  Cincinnati Ohio 45274 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  No                  | Last 4 digits of account number   | \$6,042.00  |
| 4.9 | SYNCB/LOWES  Nonpriority Creditor's Name PO BOX 965005  Number Street  ORLANDO Florida 32896 City State Zip Code  Who incurred the debt? Check one.  ☑ Debtor 1 only  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt  Is the claim subject to offset? ☑ No | Last 4 digits of account number 4449 When was the debt incurred? 3/2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard | \$1,144.00  |

## Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 27 of 64

Debtor 1 LaDonna Brown Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 SYNCB/WALMART DC \$1,310.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965024 When was the debt incurred? 3/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent **ORLANDO** Florida 32896 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_ CreditCard Is the claim subject to offset? **✓** No

Yes

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 28 of 64

Debtor 1 LaDonna E Brown Case number (if known)
First Name Middle Name Last Name

| Part 4: Add th           | ne Amounts for Each Type of Unsecured Claim  |          |                               |                        |
|--------------------------|--|----------|-------------------------------|------------------------|
|                          | mounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. | s for st | tatistical reporting purposes | s only. 28 U.S.C. §159 |
|                          |  |          | Total claims                  |                        |
| Total claims from Part 1 | 6a. Domestic support obligations.  | 6a.      | \$0.00                        |                        |
|                          | 6b. Taxes and certain other debts you owe the government   | 6b.      | \$0.00                        |                        |
|                          | 6c. Claims for death or personal injury while you were intoxicated   | 6c.      | \$0.00                        |                        |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d.      | \$0.00                        |                        |
|                          | 6e. Total. Add lines 6a through 6d.  |          | \$0.00                        |                        |
|                          |  |          | Total claims                  |                        |
| Total claims from Part 2 | 6f. Student loans  | 6f.      | \$0.00                        |                        |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |          | \$0.00                        |                        |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h.      | \$0.00                        |                        |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                               | 6i.      | \$31,142.00                   |                        |
|                          | C: Tatal Add lines Cf through C:   | e:       | \$31,142.00                   |                        |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 29 of 64

| Fill in this information to identify your case: |            |             |                              |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|
| Debtor 1  | LaDonna    | E           | Brown                        |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |
| Case number (If known)                          |            |             | (5:415)                      |  |  |  |

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or comp                              | any with whom you have | the contract or lease | State what the contract or lease is for                         |
|-----|---|------------------------|-----------------------|---|
| 2.1 | Gm Financial<br>Name<br>c/o: Illinois Corpo | oration Service C      |                       | Auto Lease,<br>Debtor is Lessee,<br>Lease for 2017 Chevy Malibu |
|     | Number                                      | Street                 |                       |   |
|     | Springfield                                 | Illinois               | 62703                 |   |
|     | City  | State                  | Zip Code              |   |

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 30 of 64

| Fill in this inform             | nation to identify your c   | ase:   |                            |                        |   |
|---------------------------------|-----------------------------|--|----------------------------|------------------------|---|
| Debtor 1                        | LaDonna                     | E  | Brown                      |                        |   |
| 20010.                          | First Name                  | Middle Name  | Last Name                  |                        |   |
| Debtor 2<br>(Spouse, if filing) | First Name                  | Middle Name  | Last Name                  |                        |   |
| United States B                 | ankruptcy Court for the:    | Northern   | District of Illinois       |                        |   |
|                                 |                             |  | (State)                    |                        |   |
| Case number<br>(If known)       |                             |  |                            |                        |   |
|                                 |                             |  |                            |                        | Check if this is an amended filing                |
| Official                        | Form 106H                   |  |                            |                        | arrended ming                                     |
|                                 | ,                           | l a la ta wa   |                            |                        |   |
| Schedule                        | H: Your Cod                 | lebtors  |                            |                        | 12/15   |
| ✓ No<br>Yes                     |                             | ou are filing a joint case, do                                 | ·                          | ,                      |   |
|                                 |                             | <b>lived in a community pro</b><br>tico, Puerto Rico, Texas, W |                            |                        | ates and territories include Arizona, California, |
|                                 | Go to line 3.               |  |                            |                        |   |
| _ <b>_</b>                      |                             | er spouse, or legal equiva                                     | alent live with you at the | time?                  |   |
|                                 | NO<br>Yos In which communit | v stata or tarritary did va                                    | د الله م                   | Fill in the name and a | current address of that person.                   |
|                                 | res. III WIIICH COMINUMI    | y state or territory did you                                   | u live:                    | Fill in the name and d | current address of that person.                   |
|                                 | Name of your spouse, for    | ormer spouse, or legal equ                                     | ivalent                    |                        |   |
|                                 | Number Street               |  |                            |                        |   |
|                                 | City                        | State  | Zip Co                     | ode                    |   |
|                                 |                             |  |                            |                        |   |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line a again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 31 of 64

|                                |   | 50   | oamone                | •             | age or or        | _              |   |              |
|--------------------------------|---|--|-----------------------|---------------|------------------|----------------|---|--------------|
| Fill in this in                | formation to identify                               | your case:   |                       |               |                  |                |   |              |
| Debtor 1                       | LaDonna   | Е  | Brown                 | 1             |                  |                |   |              |
|                                | First Name  | Middle Name  | Last N                | lame          |                  | Che            | ck if this is:  |              |
| Debtor 2<br>(Spouse, if filing | ) First Name  | Middle Name  | Last N                | lamo          |                  |                | An amended filing   |              |
| United States                  | Bankruptcy Court for                                | Northern   | District of III       | inois         |                  |                | A supplement showing post-petition expenses as of the following date: | n chapter 13 |
| the:<br>Case number            |   |  | (8                    | State)        |                  |                | , p. 1.1  |              |
| (If known)                     |   |  |                       |               |                  |                | MM / DD / YYYY  |              |
| Official                       | Form 106I   |  |                       |               |                  |                |   |              |
| Schedu                         | le I: Your In                                       | come   |                       |               |                  |                |   | 12/1         |
| spouse. If mo<br>number (if ki |   | , attach a separate she<br>y question.                   | •                     |               | _                | •              | not include information about<br>onal pages, write your name a        | •            |
| _                              | ır employment                                       |  | Debtor 1              | l             |                  |                | Debtor 2  |              |
| informati                      | on.   | Employment status  | Emplo                 | wed           |                  |                | Employed  |              |
|                                | e more than one job,<br>eparate page with           |  | ✓ Not E               | •             | ved              |                | Not Employed  |              |
|                                | n about additional                                  | Occupation   |                       |               |                  |                |   |              |
|                                | art time, seasonal, or byed work.                   | Employer's name  |                       |               |                  |                |   |              |
| ·                              | -   | Employer's address                                       |                       |               |                  |                |   |              |
|                                | n may include student<br>aker, if it applies.       |  | Number St             | Number Street |                  | Number Street  |   |              |
|                                |   |  |                       |               |                  |                | · ·   |              |
|                                |   |  | City                  |               | State            | Zip Code       | City State Zip  | Code         |
|                                |   | How long employed there?                                 |                       |               |                  |                |   |              |
| Part 2: Given                  | ve Details About N                                  | Nonthly Income   |                       |               |                  |                |   |              |
|                                | onthly income as of t<br>ss you are separated.      | he date you file this for                                | <b>n.</b> If you have | noth          | ing to report f  | or any line, v | vrite \$0 in the space. Include your r                                | non-filing   |
|                                | r non-filing spouse have<br>, attach a separate she |  | , combine the         | infor         | mation for all e | mployers fo    | r that person on the lines below. If                                  | you need     |
|                                |   |  |                       |               | For Deb          | tor 1          | For Debtor 2 or non-filing spouse                                     |              |
|                                |   | ary, and commissions (before, calculate what the monthly |                       | 2.            |                  | \$0.00         |   |              |
| 3. Estimat                     | e and list monthly over                             | time pay.  |                       | 3.            |                  | + \$0.00       |   |              |
| 4. Calcula                     | te gross income. Add li                             | ne 2 + line 3.   |                       | 4.            |                  | \$0.00         |   |              |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 32 of 64

| Debi                  | tor 1LaDonna<br>First Name   |  | Brown<br>Last Name |         | Case number            |                                   |       |                         |
|-----------------------|--|--|--------------------|---------|------------------------|-----------------------------------|-------|-------------------------|
|                       | Tilstrame  | WINGLIE NATITE   | Last Name          |         | known) For Debtor 1    | For Debtor 2 or non-filing spouse |       |                         |
| Co                    | py line 4 here   |  | →                  | 4. "    | \$0.00                 |                                   |       |                         |
| 5. <b>Lis</b>         | st all payroll dedu  |  |                    |         |                        |                                   |       |                         |
| 58                    | a. Tax, Medicare,  | and Social Security deductions   |                    | āa.     | \$0.00                 |                                   |       |                         |
| 5 b                   | o. Mandatory con   | tributions for retirement plans  |                    | ōb.     | \$0.00                 |                                   |       |                         |
| 50                    | c. Voluntary contr   | ibutions for retirement plans  |                    | ōc.     | \$0.00                 |                                   |       |                         |
| 50                    | d. Required repay  | ments of retirement fund loans   |                    | ōd.     | \$0.00                 |                                   |       |                         |
| 56                    | e. Insurance   |  |                    | ōe.     | \$0.00                 |                                   |       |                         |
| 5f                    | . Domestic suppo   | ort obligations  | ;                  | ōf.     | \$0.00                 |                                   |       |                         |
| 50                    | g. Union dues  |  |                    | ōg.     | \$0.00                 |                                   |       |                         |
| 5ł                    | n. Other deductio  | ns. Specify:   | ;                  | 5h. +   | \$0.00 +               |                                   |       |                         |
| 6. <b>A</b> d<br>+5h. | ld the payroll ded   | uctions. Add lines 5a + 5b + 5c + 5d + 5e +5   | if + 5g (          | 3.      | \$0.00                 |                                   |       |                         |
| 7. <b>C</b> a         | lculate total mor  | nthly take-home pay. Subtract line 6 from line   | e 4.               | 7.      | \$0.00                 |                                   |       |                         |
| 8. <b>Lis</b>         | st all other incom   | e regularly received:  |                    |         |                        |                                   |       |                         |
| 88                    | business, profe  | •  |                    |         |                        |                                   |       |                         |
|                       | gross receipts, o  | nt for each property and business showing rdinary and necessary business expenses, and   | t                  |         |                        |                                   |       |                         |
|                       | the total monthly  |  |                    | За.     | \$0.00                 |                                   |       |                         |
|                       | o. Interest and div  |  |                    | 3b.     | \$0.00                 |                                   |       |                         |
| 80                    | dependent regu   | -  |                    |         |                        |                                   |       |                         |
|                       |  | spousal support, child support, maintenance,<br>nt, and property settlement.   |                    | Вс.     | \$0.00                 |                                   |       |                         |
| 80                    | d. Unemployment  | compensation   | 8                  | 3d.     | \$0.00                 |                                   |       |                         |
| 86                    | e. Social Security   |  | 8                  | 3e.     | \$1,262.00             |                                   |       |                         |
| 8f                    | Include cash assi<br>cash assistance t<br>under the Supple<br>housing subsidie<br>Specify: | ent assistance that you regularly receive istance and the value (if known) of any non-hat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or see Programs Income |                    | 3f.     | <u>\$111.00</u>        |                                   |       |                         |
| 89                    | g. Pension or reti   | rement income  | 8                  | 3g.     | \$0.00                 |                                   |       |                         |
| 81                    | n. Other monthly   | income. Specify:   |                    | 3h. +   | \$0.00 +               |                                   |       |                         |
| 9. <b>A</b> d         | ld all other incom   | <b>e</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g   | + 8h. 9            | ə. [    | \$1,373.00             |                                   |       |                         |
|                       | •  | income. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing s  |                    | 10.     | \$1,373.00 +           |                                   | =     | \$1,373.00              |
| In<br>fri             | clude contributions<br>ends or relatives.  | ular contributions to the expenses that your strom an unmarried partner, members of your amounts already included in lines 2-10 or amo   | r household        | l, your | dependents, your roomn | ,                                 |       |                         |
|                       | pecify:  | •  |                    |         | , , , , , , , ,        |                                   | 11. + | \$0.00                  |
|                       | -  |  |                    |         |                        |                                   |       |                         |
|                       |  | the last column of line 10 to the amount in the Summary of Schedules and Statistical Su  |                    |         |                        |                                   | 12.   | \$1,373.00              |
|                       |  |  |                    |         |                        |                                   |       | Combined monthly income |
| 13.                   | o you expect an i  | increase or decrease within the year after   | you file th        | is form | ?                      |                                   |       | -                       |
|                       | Yes. Explain:  |  |                    |         |                        |                                   |       |                         |
| L                     | 165. EXPIDITI.   |  |                    |         |                        |                                   |       |                         |

## Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 33 of 64

|                            |   | Doc  | ument Page 33 of 6   | 4  |  |
|----------------------------|---|--|--|--|--|
| Fill in this infor         | mation to identify you                        | ır case:   |  |  |  |
| Debtor 1                   | LaDonna<br>First Name                         | E<br>Middle Name   | Brown<br>Last Name   |  |  |
| Debtor 2                   | riist ivaille                                 | Middle Name  | Last Name  | Check if this is:                            |  |
| (Spouse, if filing)        | First Name                                    | Middle Name  | Last Name  | An amended filing                            |  |
| United States B            | Sankruptcy Court for th                       | ne: Northern   | District of Illinois (State)   | A supplement showing expenses as of the form | ing post-petition chapter 13 following date: |
| Case number<br>(If known)  |   |  |  | MM / DD / YYYY                               | _  |
|                            | Form 106J<br>e <b>J: Your E</b> x             | -  |  |  | 12/15  |
| information. If (          | •   | d, attach another sheet to this  | are filing together, both are equa<br>s form. On the top of any addition |  | •  |
|                            |   | ioiu   |  |  |  |
| 1. Is this a join          |   |  |  |  |  |
| ✓ No. Go                   |   |  |  |  |  |
| Yes. Do                    | oes Debtor 2 live in a                        | ı separate household?  |  |  |  |
|                            | Yes. Debtor 2 mus                             | t file Official Forms 106J-2, Expe                                     | enses for Separate Household of Del                                      | otor 2.                                      |  |
| 2. Do you have             | e dependents?                                 | No   |  |  |  |
| Do not list D<br>Debtor 2. | ebtor 1 and                                   | Yes. Fill out this information for each dependent                      | Dependent's relationship to<br>Debtor 1 or Debtor 2                      | -  | Does dependent live with you?                |
|                            | enses include<br>f people other               | No   |  |  |  |
| yourself and<br>dependents | -   | Yes  |  |  |  |
| Part 2: Estir              | nate Your Ongoin                              | g Monthly Expenses   |  |  |  |
|                            | of a date after the ba                        |  | you are using this form as a supp<br>pplemental Schedule J, check th     |  |  |
|                            | •   | n-cash government assistance<br>d it on Sc <i>hedule I: Your Incom</i> | •  |  | Your expenses                                |
|                            | or home ownership<br>or the ground or lot. 4. |  | nclude first mortgage payments and                                       | ť  | \$500.00<br>4.                               |
|                            | uded in line 4:                               |  |  |  |  |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

## Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 34 of 64

 Debtor 1
 LaDonna
 E
 Brown
 Case number (if known)

 First Name
 Middle Name
 Last Name

| I ilst Name ivilidie vanie Last Name   |     |               |
|--|-----|---------------|
|  |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans                            | 5.  | \$0.00        |
| 6. Utilities:  |     |               |
| 6a. Electricity, heat, natural gas   | 6a. | \$100.00      |
| 6b. Water, sewer, garbage collection   | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                       | 6c. | \$0.00        |
| 6d. Other. Specify:  | 6d  | \$0.00        |
| 7. Food and housekeeping supplies  | 7.  | \$160.00      |
| 8. Childcare and children's education costs  | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning   | 9.  | \$25.00       |
| 10. Personal care products and services  | 10. | \$25.00       |
| 11. Medical and dental expenses  | 11. | \$10.00       |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments     | 12. | \$50.00       |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books                                   | 13. | \$0.00        |
| 14. Charitable contributions and religious donations   | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.      |     |               |
| 15a. Life insurance  | 15a | \$70.00       |
| 15b. Health insurance  | 15b | \$0.00        |
| 15c. Vehicle insurance   | 15c | \$170.00      |
| 15d. Other insurance. Specify:   | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.              |     |               |
| Specify:   | 16  | \$0.00        |
| 17. Installment or lease payments:   | 10  |               |
| 17a. Car payments for Vehicle 1  | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  | 17b | \$0.00        |
| 17c. Other. Specify: Vehicle Lease   | 17c | \$262.00      |
| 17d. Other. Specify:   | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from          |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18. |               |
| 19.Other payments you make to support others who do not live with you.  Specify:                         | 10  | <b>\$0.00</b> |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 19. | \$0.00        |
| 20a. Mortgages on other property   | 20a | \$0.00        |
| 20b. Real estate taxes.  | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues   | 20e | \$0.00        |
|  |     | Ψ0.00         |

# Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 35 of 64

| Debtor 1         |          |                           | E                      | Brown  | Case number (if known) |        |   |            |
|------------------|----------|---------------------------|------------------------|--|------------------------|--------|---|------------|
|                  | First Na | me                        | Middle Name            | Last Name  |                        |        |   |            |
| 21. <b>Othe</b>  | r. Speci | fy:                       |                        |  |                        | 21     |   | \$0.00     |
|                  |          |                           |                        |  |                        |        |   |            |
|                  | -        | our monthly expenses      |                        |  |                        |        |   | \$1,372.00 |
|                  |          | s 4 through 21.           |                        |  |                        | \$0.00 |   |            |
|                  |          | ` .                       | , · · · · ·            | , from Official Form 106J-2                              | 2                      |        |   | \$1,372.00 |
| 22c. /           | Add line | 22a and 22b. The resu     | It is your monthly exp | penses.  |                        | 22.    |   |            |
| 23.Calcu         | ulate yo | our monthly net incom     | e.                     |  |                        |        |   |            |
| 23a. (           | Copy lin | e 12 (your combined m     | onthly income) from    | Schedule I.  |                        | 23a    |   | \$1,373.00 |
| 23b.             | Сору у   | our monthly expenses fr   | rom line 22 above.     |  |                        | 23b    | _ | \$1,372.00 |
|                  |          | t your monthly expenses   |                        | income.  |                        |        |   | \$1.00     |
|                  | The res  | ult is your monthly net i | ncome.                 |  |                        | 23c    |   |            |
| 24 <b>Do v</b>   | ALL AVIN | act an increase or dec    | rease in vour evner    | nses within the year after                               | you file this form?    |        |   |            |
| 24. <b>D</b> 0 y | ou exp   | ect an increase or dec    | rease iii your exper   | ises within the year after                               | you me this form:      |        |   |            |
|                  |          |                           |                        | loan within the year or do y modification to the terms o |                        |        |   |            |
| IIIOII           | igage p  | ayment to increase or de  | ecrease because or a   | modification to the terms of                             | r your mongage:        |        |   |            |
| <b>✓</b> 1       | No       |                           |                        |  |                        |        |   |            |
|                  | Yes      |                           |                        |  |                        |        |   |            |
|                  |          | Explain here:             |                        |  |                        |        |   |            |
|                  |          | explain nere.             |                        |  |                        |        |   |            |
|                  |          |                           |                        |  |                        |        |   |            |
|                  |          |                           |                        |  |                        |        |   |            |
|                  |          |                           |                        |  |                        |        |   |            |
|                  |          |                           |                        |  |                        |        |   |            |
|                  |          |                           |                        |  |                        |        |   |            |
|                  |          |                           |                        |  |                        |        |   |            |
|                  |          |                           |                        |  |                        |        |   |            |

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 36 of 64

| Fill in this information to identify your case: |            |             |                              |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|
| Debtor 1  | LaDonna    | E           | Brown                        |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |
| Case number (If known)                          |            |             |                              |  |  |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.  $\frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{2} \left( \frac{1}{2} \right) \left( \frac{1}{2} \right)$ 

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |  |  |  |  |  |  |
|     | <b>✓</b> No  |  |  |  |  |  |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and<br>Signature (Official Form 119). |  |  |  |  |  |
|     |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and  |  |  |  |  |  |
| ×   | /s/ LaDonna Brown  | ×  |  |  |  |  |  |
|     | Signature of Debtor 1  | Signature of Debtor 2  |  |  |  |  |  |
|     | Date 7/9/2018  | Date   |  |  |  |  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY   |  |  |  |  |  |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 37 of 64

| Fill in                 | this info        | rmation to identify your c   | ase:                                |   |                                    |             |                   |                                   |
|-------------------------|------------------|--|-------------------------------------|---|------------------------------------|-------------|-------------------|-----------------------------------|
| Debto                   | or 1             | LaDonna  | Е                                   | Brown   |                                    |             |                   |                                   |
| Debto                   | or 2             | First Name   | Middle N                            | Name Last Na  | me                                 |             |                   |                                   |
|                         | se, if filing)   | First Name   | Middle N                            | Name Last Na  | me                                 |             |                   |                                   |
| Unite                   | d States         | Bankruptcy Court for the:  | Northern                            | District of Illin                                   |                                    |             |                   |                                   |
| Case<br>(If know        | number<br>vn)    |  |                                     | (St   | ate)<br>                           |             |                   |                                   |
| Off                     | icial            | Form 107   |                                     |   |                                    |             |                   | Check if this is a amended filing |
| Sta                     | teme             | ent of Financia  | l Affairs f                         | or Individuals                                      | Filing for                         | Bankru      | ıptcv             | 04/1                              |
| Be as<br>inforr<br>numb | complemation.    | ete and accurate as po<br>If more space is neede<br>nown). Answer every q                | ssible. If two mands, attach a sepa | arried people are filing<br>arate sheet to this for | together, both<br>m. On the top of | are equally | responsible for s |                                   |
| Part                    | ii: Giv          | e Details About Your   | Maritai Status                      | and where You Live                                  | a Before                           |             |                   |                                   |
| 1.                      | What is          | s your current marital sta   | itus?                               |   |                                    |             |                   |                                   |
|                         |                  | arried<br>ot married   |                                     |   |                                    |             |                   |                                   |
| 2.                      | During           | the last 3 years, have yo  | u lived anywhere                    | e other than where you                              | live now?                          |             |                   |                                   |
|                         |                  | s. List all of the places you  | ou lived in the last                | t 3 years. Do not include  Dates Debtor 1 lived     | where you live no                  | ow.         |                   | Dates Debtor 2 lived              |
|                         |                  |  |                                     | there   |                                    |             |                   | there                             |
|                         |                  |  |                                     |   | Same as                            | Debtor 1    |                   | Same as Debtor 1                  |
|                         |                  | 35 S. S Avenue J Apt 1 mber Street   |                                     | From 04/2014  To 04/2017                            | Number Stree                       | t           |                   | From                              |
|                         | <u>Ch</u><br>Cit | icago Illinois<br>y State  | 60617<br>Zip Code                   |   | City                               | State       | Zip Code          |                                   |
|                         |                  |  |                                     |   | Same as                            | Debtor 1    |                   | Same as Debtor 1                  |
|                         | Nu               | mber Street  |                                     | From  | Number Stree                       | t           |                   | From<br>To                        |
|                         | Cit              | y State  | Zip Code                            |   | City                               | State       | Zip Code          |                                   |
|                         | and territo      | ne last 8 years, did you e<br>ories include Arizona, Califo<br>Make sure you fill out So | ornia, Idaho, Louis                 | siana, Nevada, New Mexic                            | o, Puerto Rico, Tex                |             |                   | mmunity property states           |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 38 of 64

| Deb  | tor 1                              | LaDonna E   | Brown Name Last Nam  |   | mber (if known)  |  |
|------|------------------------------------|---|--|---|--|--|
|      |                                    |   |  | e   |  |  |
| Part | 2:                                 | Explain the Sources of Your Inc   | come   |   |  |  |
| 4.   | Fill i                             | you have any income from employm n the total amount of income you receiv vities. If you are filing a joint case and yo No Yes. Fill in the details.   | red from all jobs and all busin  | esses, including part-time  |  | irs?   |
|      |                                    |   | Debtor 1   |   | Debtor 2   |  |
|      |                                    |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                                 | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |
|      |                                    | om January 1 of current year until<br>e date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business   |   | Wages, commissions, bonuses, tips Operating a business |  |
|      |                                    | or last calendar year: anuary 1 to December 31,   | Wages, commissions, bonuses, tips Operating a business   |   | Wages, commissions, bonuses, tips Operating a business |  |
|      |                                    | or the calendar year before that:<br>anuary 1 to December 31,   | Wages, commissions, bonuses, tips Operating a business   |   | Wages, commissions, bonuses, tips Operating a business |  |
|      | Inclu<br>publi<br>filing<br>List ( | you receive any other income during ide income regardless of whether that ir ic benefit payments; pensions; rental incapion a joint case and you have income that each source and the gross income from No  Yes. Fill in the details. | come is taxable. Examples o<br>come; interest; dividends; mo<br>you received together, list it o | f other income are alimony; claney collected from lawsuits; inly once under Debtor 1. | royalties; and gambling and lott                       |  |
|      |                                    |   | Debtor 1   |   | Debtor 2   |  |
|      |                                    |   | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)                      | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
|      |                                    | rom January 1 of current year until<br>ne date you filed for bankruptcy:  | SSI  | \$8,834.00  |  |  |
|      |                                    | or last calendar year:<br>lanuary 1 to December 31, 2017 )  | SSI  | \$15,144.00   |  |  |
|      |                                    | or the calendar year before that:<br>lanuary 1 to December 31, 2016 )<br>YYYY   | SSI  | \$15,144.00   |  |  |
|      |                                    |   |  |   |  |  |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 39 of 64

Brown Debtor 1 LaDonna Case number (if known) First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment State City Suppliers or Zip Code vendors Other

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 40 of 64

| tor 1              | 1 LaDonna   | Е  | Brov  |   | Case number                                 | (if known)   |
|--------------------|---|--|---|---|---|--|
|                    | First Name  | Middle Name  | Last  | Name  |   |  |
| Insi<br>com<br>age | iders include your relat<br>porations of which yo | a business you operate a   | s; relatives of any g<br>person in control, o | eneral partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting |  |
|                    | Yes. List all paymer                              | nts to an insider.   |   |   |   |  |
|                    |   |  | Dates of payment                              | Total amount paid                           | Amount you still owe                        | Reason for this payment  |
|                    | Insider's Name                                    |  |   |   |   |  |
|                    | Number Street                                     |  |   |   |   |  |
| -                  | City Sta  | ate Zip Code   |   |   |   |  |
|                    | Insider's Name                                    |  |   |   |   |  |
|                    | Number Street                                     |  |   |   |   |  |
|                    | City Sta  | ate Zip Code   |   |   |   |  |
| insi               | der?<br>ude payments on deb<br>No                 | u filed for bankruptcy, on the guaranteed or cosigner of the strategy of the s | ed by an insider.                             | payments or trans                           | fer any property o  Amount you              | n account of a debt that benefited an  Reason for this payment |
|                    |   |  | payment                                       | paid  | still owe                                   | Include creditor's name  |
|                    | Insider's Name                                    |  |   |   |   |  |
|                    | Number Street                                     |  |   |   |   |  |
| -                  | City Sta  | ate Zip Code   |   |   |   |  |
|                    | Insider's Name                                    |  |   |   |   |  |
|                    | Number Street                                     |  |   |   |   |  |
|                    | City Sta  | ate Zip Code   |   |   |   |  |
|                    | Oity Sta  | ue ZID Code  |   |   |   | I .  |

#### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 41 of 64

Debtor 1 LaDonna Brown Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

## Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 42 of 64

| Mitch 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  | Debtor  | 1 LaDonna                  | E                        | Brown                          | Case number (if known)           |                 |                     |
|--|---------|----------------------------|--------------------------|--------------------------------|----------------------------------|-----------------|---------------------|
| accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Describe the action the creditor took  Date action was taken  Number Street  Last 4 digits of account number: XXXX-  City State Zip Code  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court- appointed receiver, a custodian, or another official?  No Yes  Part S: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Rumber Street  City State Zip Code  Number Street  City State Zip Code |         | First Name                 | Middle Name              | Last Name                      | <del></del>                      |                 |                     |
| Ves. Fill in the details.   Describe the action the creditor took   Date action was taken   Amount was taken   |         |                            |                          |                                | ank or financial institution, se | t off any amou  | nts from your       |
| Describe the action the creditor took   Date action was taken  | Ī,      | No                         |                          |                                |                                  |                 |                     |
| Creditor's Name    Number Street   | Ē       | Yes. Fill in the details.  |                          |                                |                                  |                 |                     |
| Last 4 digits of account number: XXXX-   |         |                            |                          | Describe the action the        |                                  |                 | Amount              |
| Last 4 digits of account number: XXXX-   |         |                            |                          | _                              |                                  |                 |                     |
| Last 4 digits of account number: XXXX-    City   State   Zip Code  |         | Creditor's Name            |                          |                                |                                  |                 |                     |
| City   State   Zip Code  |         | Number Street              |                          | _                              |                                  |                 |                     |
| 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?    No   |         |                            |                          | _ Last 4 digits of account n   | number: XXXX-                    |                 |                     |
| 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?    No   |         |                            |                          |                                |                                  |                 |                     |
| appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person?  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |         | City Stat                  | e Zip Code               | _                              |                                  |                 |                     |
| Yes   Yes   List Certain Gifts and Contributions   |         |                            |                          |                                | oossession of an assignee for t  | he benefit of c | creditors, a court- |
| Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?    No   | Į,      | No                         |                          |                                |                                  |                 |                     |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  City State Zip Code  Person to Whom You Gave the Gift  Number Street  City State Zip Code  | Ė       | Yes                        |                          |                                |                                  |                 |                     |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  City State Zip Code  Person to Whom You Gave the Gift  Number Street  City State Zip Code  | Dowl 5  | -<br>List Cortain Gifts on | od Contributions         |                                |                                  |                 |                     |
| Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  | Part 5. | List Gertain Girts an      | ia Continuations         |                                |                                  |                 |                     |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  | 13. V   | Vithin 2 years before you  | filed for bankruptcy, di | d you give any gifts with a to | otal value of more than \$600 p  | er person?      |                     |
| Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code   | Į.      | <b>✓</b> No                |                          |                                |                                  |                 |                     |
| Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |         | Yes. Fill in the details   | for each gift.           |                                |                                  |                 |                     |
| Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |         |                            | e of more than \$600     | Describe the gifts             |                                  | gave the        | Value               |
| Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |         |                            |                          |                                |                                  |                 |                     |
| City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |         | Person to Whom You G       | Bave the Gift            | _                              |                                  |                 |                     |
| City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |         |                            |                          | -                              |                                  |                 |                     |
| Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |         | Number Street              |                          | _                              |                                  |                 |                     |
| Person's relationship to you  Person to Whom You Gave the Gift  Number Street  City State Zip Code   |         | City                       | in Code                  | _                              |                                  |                 |                     |
| Person to Whom You Gave the Gift  Number Street  City State Zip Code   |         | •                          | ·                        |                                |                                  |                 |                     |
| Number Street  City State Zip Code   |         |                            | you                      |                                |                                  |                 |                     |
| City State Zip Code  |         | Person to Whom You G       | Gave the Gift            | -                              |                                  |                 |                     |
| City State Zip Code  |         |                            |                          | _                              |                                  |                 |                     |
|  |         | Number Street              |                          | -                              |                                  |                 |                     |
|  |         | City Stat                  | e Zip Code               | -                              |                                  |                 |                     |
|  |         | -                          | ·                        |                                |                                  |                 |                     |

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 43 of 64

| ebtor 1 | LaDonna  |              | E                    | Brown   | Case number (if know          | vn)                               |                        |
|---------|--|--------------|----------------------|---|-------------------------------|-----------------------------------|------------------------|
|         | First Name   |              | Middle Name          | Last Name   |                               | _                                 |                        |
|         |  |              |                      |   |                               |                                   |                        |
| Wit     | hin 2 years before   | you filed fo | or bankruptcy, did   | you give any gifts or contrib                     | utions with a total value     | of more than \$600                | to any charity?        |
|         | No   |              |                      |   |                               |                                   |                        |
| ✓       |  |              |                      |   |                               |                                   |                        |
|         | Yes. Fill in the deta  | ails for eac | h gift or contributi | on.   |                               |                                   |                        |
|         | Gifts or contributi  | ions to cha  | arities              | Describe what you cont                            | ributed                       | Date you                          | Value                  |
|         | that total more th   |              | 111103               | besombe what you come                             | iibutcu                       | contributed                       | Value                  |
|         | that total more th   | ian quou     |                      |   |                               | Continuation                      |                        |
|         |  |              |                      |   |                               |                                   |                        |
|         | Charity's Name   |              |                      | -   |                               |                                   |                        |
|         |  |              |                      | _   |                               |                                   |                        |
|         | -  |              |                      |   |                               |                                   |                        |
|         | Number Street  |              |                      | -   |                               |                                   |                        |
|         | Number Street  |              |                      |   |                               |                                   |                        |
|         | City   | State        | Zip Code             | -   |                               |                                   |                        |
|         | City   | State        | Zip Code             |   |                               |                                   |                        |
| t 6:    | List Certain Loss  | 000          |                      |   |                               |                                   |                        |
|         |  |              |                      |   |                               |                                   |                        |
|         | Yes. Fill in the deta  Describe the prophow the loss occur   | erty you lo  | ost and              | Describe any insurance Include the amount that in | nsurance has paid. List       | Date of your loss                 | Value of property lost |
|         |  |              |                      | pending insurance claims<br>A/B: Property.        | on line 33 of <i>Schedule</i> |                                   |                        |
|         |  |              |                      | 7VB. Property.                                    |                               |                                   |                        |
|         |  |              |                      |   |                               |                                   |                        |
| t 7:    | List Certain Pay   | _            |                      |   |                               |                                   |                        |
|         | No<br>Yes. Fill in the deta  | ails.        |                      |   |                               |                                   |                        |
|         |  |              |                      | Description and value of transferred              | any property                  | Date payment or transfer was made | Amount of payment      |
|         | Manda dal Maria  |              |                      | A =   |                               |                                   | <b>01101 50</b>        |
|         | Venturini, Marcie  | N - 1 - 1    |                      | Attorney's Fee - 1131.53                          |                               | 7/9/2018                          | \$1131.53              |
|         | Person Who Was P   |              |                      |   |                               |                                   |                        |
|         | 11101 S Western A  | Ave          |                      |   |                               |                                   |                        |
|         | Number Street  |              |                      |   |                               |                                   |                        |
|         |  |              |                      |   |                               |                                   |                        |
|         |  |              | 00015                |   |                               |                                   |                        |
|         |  | Illinois     | 60643                |   |                               |                                   |                        |
|         | City   | State        | Zip Code             |   |                               |                                   |                        |
|         | Frankling of the control of the cont | laluar -     |                      |   |                               |                                   |                        |
|         | Email or website ad  | auress       |                      |   |                               |                                   |                        |
|         | None<br>Person Who Made  | the Down     | nt if Not Vo.        |   |                               |                                   |                        |
|         | reison who wade  | uie raymei   |                      |   |                               |                                   |                        |
|         |  |              | iii, ii ivot rou     |   |                               |                                   |                        |
|         | Person Who Was P   | Paid         | int, ii Not Tou      |   |                               |                                   |                        |
|         |  |              |                      |   |                               |                                   |                        |
|         | Number Street  |              |                      |   |                               | <u> </u>                          |                        |
|         |  |              | nt, ii 100t 10u      |   |                               |                                   |                        |
|         |  |              |                      |   |                               |                                   |                        |
|         |  |              |                      |   |                               |                                   |                        |
|         |  |              |                      |   |                               |                                   |                        |
|         | City   | State        | Zip Code             |   |                               |                                   |                        |
|         |  |              |                      |   |                               |                                   |                        |
|         | City Email or website ad   |              |                      |   |                               |                                   |                        |
|         |  | ddress       | Zip Code             |   |                               |                                   |                        |

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 44 of 64

| or 1 LaDonna E   | Brown   | Case number (if known)  |   |
|--|---|---|---|
| First Name Middle Name   | Last Name   |   |   |
| help you deal with your creditors or to make pa  | ayments to your creditors?  | our behalf pay or transfer any property to a  | nyone who promised to   |
| No   |   |   |   |
| Yes. Fill in the details.  |   |   |   |
|  | Description and value of transferred  | any property Date payment or transfer was made  | Amount of payment   |
| Person Who Was Paid  | _   |   |   |
| Number Street  |   |   |   |
|  |   |   |   |
| City State Zip Code  |   |   |   |
| ✓ No  Yes. Fill in the details.  | Description and value of  | property Describe any property or   | Date  |
|  | transferred   | payments received or debts p in exchange  |   |
| Person Who Received Transfer   |   |   |   |
| Number Street  |   |   |   |
| City State Zip Code<br>Person's relationship to you  |   |   |   |
| Person Who Received Transfer   |   |   |   |
| Number Street  | _   |   |   |
| City State Zip Code<br>Person's relationship to you  | _   |   |   |
| Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protection devices.) | , did you transfer any property to  | a self-settled trust or similar device of which   | ch you are a  |
| ✓ No ✓ Yes. Fill in the details.   |   |   |   |
|  | Description and value o   | f the property transferred  | Date<br>transfer was<br>made  |
| Name of trust  |   |   |   |
|  | Mithin 1 year before you filed for bankruptcy, delp you deal with your creditors or to make part to not include any payment or transfer that you lise.  No Yes. Fill in the details.  Person Who Was Paid Number Street  City State Zip Code  Mithin 2 years before you filed for bankruptcy, the ordinary course of your business or financial related both outright transfers and transfers made and transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers that you have already listed on this stand transfers and transfer Number Street  City State Zip Code Person's relationship to you  Mithin 10 years before you filed for bankruptcy beneficiary?  These are often called asset-protection devices.)  No Yes. Fill in the details. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on yelp you deal with your creditors or to make payments to your creditors?  No not include any payment or transfer that you listed on line 16.  Person Who Was Paid  Number Street  City State Zip Code  Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise the ordinary course of your business or financial affairs?  notude both outright transfers and transfers made as security (such as the granting of and transfers that you have already listed on this statement.  No  Yes. Fill in the details.  Description and value of transferred  Description and value of transferred  Person Who Received Transfer  Number Street  City State Zip Code  Person's relationship to you  Person Who Received Transfer  Number Street  City State Zip Code  Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to beneficiary?  These are often called asset-protection devices.)  No  Yes. Fill in the details.  Description and value of transfer are often called asset-protection devices.) | Mithin 1 year before you filed for bankruptcy, did you aronyone else acting on your behalf pay or transfer any property to a behalf pay or transfer any property to any payment or transfer wes made    Description and value of any property to any property transfer and transfer wes made    Person Who Was Paid |

#### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 45 of 64

Debtor 1 LaDonna Brown Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

#### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 46 of 64

Debtor 1 LaDonna Brown Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code

City

State

Zip Code

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 47 of 64

| Debto |          | LaDonna             |                | E                  | Brown                       | Case nui                | mber (if known)                                     |                    |
|-------|----------|---------------------|----------------|--------------------|-----------------------------|-------------------------|---|--------------------|
|       |          | First Name          |                | Middle Name        | Last Name                   |                         |   |                    |
| 26.   | Hav      | e you been a part   | y in any judio | cial or administ   | rative proceeding unde      | r any environmental l   | aw? Include settlements and orde                    | ers.               |
|       | <b>✓</b> | No                  |                |                    |                             |                         |   |                    |
|       |          | Yes. Fill in the de | tails.         |                    |                             |                         |   |                    |
|       |          |                     |                |                    | Court or agency             | N                       | ature of the case                                   | Status of the case |
|       |          | Case title          |                |                    |                             |                         |   | Pending            |
|       |          |                     |                |                    | Court Name                  |                         |   | On appeal          |
|       |          | Case number         |                |                    | NumberStreet                |                         |   | Concluded          |
|       |          |                     |                |                    | City State                  | Zip Code                |   | Concluded          |
| Part  | 11:      | Give Details Al     | bout Your E    | Business or C      | onnections to Any B         | usiness                 |   |                    |
| 27    | Wi+l     | nin 4 years hefore  | you filed for  | hankruntev di      | d vou own a husiness o      | r have any of the follo | wing connections to any business                    | .?                 |
| 21.   | WILL     | -                   |                |                    |                             | -                       |   | •                  |
|       |          |                     |                |                    | ade, profession, or othe    | -                       | me or part-time                                     |                    |
|       |          |                     |                |                    | LLC) or limited liability p | artnership (LLP)        |   |                    |
|       |          | A partner in        | -              |                    |                             |                         |   |                    |
|       |          | An officer, di      | rector, or ma  | anaging executi    | ve of a corporation         |                         |   |                    |
|       |          | An owner of         | at least 5% o  | of the voting or   | equity securities of a co   | rporation               |   |                    |
|       |          | NI NI W             | . t            | 0.1.0.14           |                             |                         |   |                    |
|       | ⊻        | No. None of the a   |                |                    |                             |                         |   |                    |
|       |          | Yes. Check all th   | at apply abo   | ve and fill in the | details below for each      | business.               |   |                    |
|       |          |                     |                |                    | Describe the nat            | ture of the business    | Employer Identification n                           |                    |
|       |          |                     |                |                    |                             |                         | include Social Security n                           | umber or ITIN.     |
|       |          | Business Name       |                |                    |                             |                         | EIN:  |                    |
|       |          | 240000 . (40        |                |                    |                             |                         |   |                    |
|       |          | Number Street       |                |                    |                             |                         | Dates business existed                              |                    |
|       |          | City                | State          | Zip Code           | Mame of accoun              | tant or bookkeeper      |   |                    |
|       |          | City                | State          | Zip Code           |                             |                         | From To   |                    |
|       |          |                     |                |                    |                             |                         |   |                    |
|       |          |                     |                |                    |                             |                         |   |                    |
|       |          |                     |                |                    | Describe the nat            | ture of the business    | Employer Identification n include Social Security n |                    |
|       |          | Business Name       |                |                    |                             |                         | EIN:  |                    |
|       |          |                     |                |                    | _                           |                         | Dates business existed                              |                    |
|       |          | Number Street       |                |                    | Name of accoun              | tant or bookkeeper      | Dates pusiness existed                              |                    |
|       |          | City                | State          | Zip Code           | _                           |                         | From To   |                    |
|       |          |                     |                |                    |                             |                         |   |                    |
|       |          |                     |                |                    |                             |                         |   |                    |
|       |          |                     |                |                    |                             |                         |   | _                  |
|       |          |                     |                |                    | Describe the nat            | ture of the business    | Employer Identification n include Social Security n |                    |
|       |          | Decision N          |                |                    | _                           |                         | EIN:  |                    |
|       |          | Business Name       |                |                    |                             |                         |   |                    |
|       |          | Number Street       |                |                    | _                           |                         | Dates business existed                              |                    |
|       |          | City                | State          | Zin Cada           | Name of accoun              | tant or bookkeeper      | _   |                    |
|       |          | City                | State          | Zip Code           |                             |                         | From To   |                    |
|       |          |                     |                |                    |                             |                         |   |                    |
|       |          |                     |                |                    |                             |                         |   |                    |

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 48 of 64

| Deb  | tor 1 LaDonna  | E                               | Brown                           | Case number (if known)  |
|------|--|---------------------------------|---------------------------------|---|
|      | First Name   | Middle Name                     | Last Name                       |   |
| 28.  | Within 2 years before creditors, or other particle.  No Yes. Fill in the det | rties.                          | ou give a financial statemer    | nt to anyone about your business? Include all financial institutions,   |
|      | 103. 1 111 111 1110 1100   | and below.                      |                                 |   |
|      |  |                                 | Date issued                     |   |
|      | Name   |                                 | MM/DD/YYYY                      |   |
|      |  |                                 | <u> </u>                        |   |
|      | Number Street  |                                 |                                 |   |
|      | City   | State Zip Code                  | _                               |   |
|      |  |                                 |                                 |   |
| Part | Sign Below   |                                 |                                 |   |
| t    | true and correct. I unde   | erstand that making a false sta | atement, concealing proper      | ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | /S/  | LaDonna Brown                   |                                 | ·   |
|      | Signatu  | ure of Debtor 1                 |                                 | Signature of Debtor 2   |
|      | Date   | 7/9/2018                        |                                 | Date  |
|      | Did you attach addition  | al pages to Your Statement o    | f Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)?   |
| Г    | No   |                                 |                                 |   |
| į    | Yes  |                                 |                                 |   |
|      | Did you pay or agree to  | pay someone who is not an a     | ttorney to help you fill out b  | ankruptcy forms?  |
| [    | <b>✓</b> No  |                                 |                                 |   |
|      | Yes. Name of person  | 1                               |                                 | Attach the Bankruptcy Petition Preparer's Notice,   |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 49 of 64

| Fill in this infor  | Fill in this information to identify your case: |             |                              |  |  |  |  |  |
|---------------------|---|-------------|------------------------------|--|--|--|--|--|
| Debtor 1            | LaDonna   | E           | Brown                        |  |  |  |  |  |
|                     | First Name                                      | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2            |   |             |                              |  |  |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name | Last Name                    |  |  |  |  |  |
| United States E     | Bankruptcy Court for the:                       | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number         |   |             | (State)                      |  |  |  |  |  |

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors information below.        | n 106D), fill in the   |   |  |
|----|--|--|---|--|
|    | Identify the creditor and the property that is collateral                                      | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |  |
|    | Creditor's name: COMENITY BANK/ROOMPLCE  Description of property securing debt: Furniture Loan | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No.<br>✓ Yes.                                       |  |
|    | Creditor's name:  Description of property securing debt:                                       | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |
|    | Creditor's name:  Description of property securing debt:                                       | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No. Yes.  |  |
|    | Creditor's name:  Description of property securing debt:                                       | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No. Yes.  |  |

### Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 50 of 64

| or LaDonna<br>First Name                   | E<br>Middle Name  | Brown<br>Last Name        | Case number (if known)  |
|--|---|---------------------------|---|
|  |   |                           | Kilowiij  |
| _  | pired Personal Property Lea                                 |                           |   |
| nation below. Do not                       |   | ed leases are leases that | Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| escribe your unexpir                       | ed personal property leases                                 |                           | Will the lease be assumed?  |
| essor's name: Gm F                         | inancial  |                           | □ No<br>☑ Yes   |
| escription of leased roperty: Lease for 20 | 17 Chevy Malibu   |                           | _   |
| essor's name:                              |   |                           | □ No □ Yes  |
| escription of leased roperty:              |   |                           | <del>-</del>  |
| essor's name:                              |   |                           | □ No □ Yes  |
| escription of leased roperty:              |   |                           |   |
| essor's name:                              |   |                           | □ No □ Yes  |
| escription of leased roperty:              |   |                           | <del></del>   |
| essor's name:                              |   |                           | □ No □ Yes  |
| escription of leased roperty:              |   |                           | <del>-</del>  |
| essor's name:                              |   |                           | □ No<br>□ Yes   |
| escription of leased roperty:              |   |                           | <u>—</u>  |
| essor's name:                              |   |                           | □ No □ Yes  |
| escription of leased roperty:              |   |                           | <b>_</b>  |
| Sign Below                                 |   |                           |   |
| der penalty of perjur                      | y, I declare that I have indicate<br>to an unexpired lease. | d my intention about any  | property of my estate that secures a debt and any personal  |
| /s/ LaDonna Browr                          |   | ×                         |   |
| Signature of Debtor 1                      |   | <u> </u>                  | nature of Debtor 2  |
| Data 7/0/0010                              |   | -                         |   |
| Date 7/9/2018<br>MM/DD/YYYY                |   | Da                        | te  |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 51 of 64

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| ro  | LaDanna E Braum  | Northern Distric                |  |                               |
|-----|--|---------------------------------|--|-------------------------------|
| re_ | LaDonna E Brown Debtor   |                                 | Case No.   | (If known)                    |
|     |  |                                 | Chapter  | Chapter 7                     |
|     | DISCLOSURE OF  | COMPENSATIO                     | N OF ATTORNEY FO   | OR DEBTOR                     |
| 1   | . Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of the p | petition in bankruptcy, or agreed to                                     | be paid to me, for services   |
|     | For legal services, I have agreed to ac  | :cept                           |  | \$1,131.53                    |
|     | Prior to the filing of this statement I h  | nave received                   |  | \$1,131.53                    |
|     | Balance Due  |                                 |  | \$0.00                        |
| 2   | . The source of the compensation paid  | I to me was:                    |  |                               |
|     | <b>✓</b> Debtor  | Other (specify)                 |  |                               |
| 3   | . The source of the compensation paid  | I to me is:                     |  |                               |
|     | <b>✓</b> Debtor  | Other (specify)                 |  |                               |
| 4   | . I have not agreed to share the ab  |                                 | n with any other person unless they                                      | are                           |
|     |  | v firm. A copy of the agreeme   | th a other person or persons who a ent, together with a list of the name |                               |
| 5   | . In return for the above-disclosed fee,   | I have agreed to render legal   | service for all aspects of the bankr                                     | ruptcy case, including:       |
|     | <ul> <li>a. Analysis of the debtor's finan<br/>bankruptcy;</li> </ul>  | cial situation, and rendering   | advice to the debtor in determining                                      | whether to file a petition in |
|     | b. Preparation and filing of any   | oetition, schedules, statemer   | nts of affairs and plan which may be                                     | e required;                   |
|     | c. Representation of the debtor  | at the meeting of creditors a   | nd confirmation hearing, and any a                                       | djourned hearings thereof;    |
| 6   | . By agreement with the debtor(s), the   | above-disclosed fee does no     | t include the following services:  |                               |
|     |  |                                 |  |                               |
|     |  | CERTIFICA                       | ATION  |                               |
|     | I certify that the foregoing is a complet tor(s) in this bankruptcy proceedings.                               | e statement of any agreemer     | nt or arrangement for payment to m                                       | e for representation of the   |
|     | 7/9/2018   |                                 | /s/ James Nowak  |                               |
|     | Date   |                                 | Signature of Attorney  |                               |
|     |  |                                 | Semrad Law Firm  |                               |
|     |  |                                 | Name of law firm   |                               |

#### Document Page 52 of 64

#### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC, to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I agree to pay The Semrad Law Firm, LLC \$1131.53 in attorney fees plus costs in the amount of \$1368.47 to represent my interests in the preparation and filing of my Chapter 7 Petition and Schedules; preparation and attendance of the Section 341 Meeting of Creditors; review of any redemption agreements; review of any reaffirmation agreements; and case administration and monitoring. I further understand and agree that additional professional legal services will result in fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representing Client in Adversary Proceeding. \$350.00/hr.

Adding additional bills

Motion to Reopen and Avoid Lien \$1000.00

Motion to Reopen \$350.00 + court costs

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As The Semrad Law Firm, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to The Semrad Law Firm, LLC. Any fees owing to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to The Semrad Law Firm, LLC, as part of this advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my property as security for future services. However, The Semrad Law Firm, LLC, does not represent clients under such a security retainer because the preparation of a bankruptcy case requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. I further understand that the benefit that I am receiving under this fee arrangement is the commitment of The Semrad Law Firm, LLC, to perform any and all work reasonably necessary to file my case absent any extraordinary circumstances.

As The Semrad Law Firm, LLC, has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC. This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

diB.

7/9/2018 Case 18-19239 Doc 1 Filed 07/Q9/148Full Entereds ቢሚወያ/18 17:48:35 Desc Mair

Document Page 53 of 64
I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.\*

I also understand that, if I am refiling a case with The Semrad Law Firm, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed; any initial funds I pay to refile will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this contract including but not limited to court costs and attorney fees.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC, or an agent thereof.

Date: 07/09/2018

20 LaDonna Brown

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact this creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially

\*DISCLAIMER

important if you are at risk of having you vehicle repossessed, real estate foreclosed, or wages garnished.

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Document Page 58 of 64

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Brown, LaDonna E                        | Case No   |                                     |
|-----------------|---|---|-------------------------------------|
| Debtor(s)       |   |   |                                     |
|                 |   | Chapter.  | Chapter7                            |
|                 | VERIFIC                                 | ATION OF CREDITOR MAT   | RIX                                 |
| Th<br>knowledge | ne above named Debtors hereby verify e. | that the attached list of creditors is tru                    | ue and correct to the best of their |
| Date:           | 7/9/2018                                | /s/ Brown, LaDor<br>Brown, LaDonna<br><i>Signature of Deb</i> | ı E                                 |

CHASE CARD BANK ONE CARD SERV 2500 WESTFIELD DRI ELGIN, IL, 60124

ONEMAIN P.O. Box 742536 Cincinnati, OH, 45274

CBNA Po Box 6497 Sioux Falls, SD, 57117

SYNCB/WALMART DC PO BOX 965024 ORLANDO, FL, 32896

SYNCB/LOWES PO BOX 965005 ORLANDO, FL, 32896

COMENITY BANK/ROOMPLCE PO BOX 182789 COLUMBUS, OH, 43218

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

CERTIFIED SERVICES INC PO Box 177 Waukegan, IL, 60079

COMENITYBANK/WAYFAIR PO BOX 182789 COLUMBUS, OH, 43218

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main Page 60 of 64 Document Debtor 1 LaDonna Case number (if known) First Name Middle Name Answer These Questions for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that ☐ Yes. funds will be available for distribution to unsecured creditors? **1**-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 you owe? 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 V \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion V \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill

/s/ LaDonna Brown Har Nonna Brezin\*

Executed on \_\_7/9/2018

both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

MM / DD / YYYY

Signature of Debtor 2

Executed on

MM / DD / YYYY

out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main

Document Page 61 of 64

| Fill in this infor        | mation to identify your ca | ase:        |             |          |
|---------------------------|----------------------------|-------------|-------------|----------|
| Debtor 1                  | LaDonna                    | E           | Brown       |          |
|                           | First Name                 | Middle Name | Last        | Name     |
| Debtor 2                  |                            |             |             |          |
| (Spouse, if filing)       | First Name                 | Middle Name | Last        | Name     |
| United States B           | ankruptcy Court for the:   | Northern    | District of | Illinois |
|                           |                            |             |             | (State)  |
| Case number<br>(If known) |                            |             |             |          |

### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part 1: S  | Sign Below   |   |
|--|--|---|
|  | ou pay or agree to pay someone who is NOT an attorney to                                 | o help you fill out bankruptcy forms?   |
| ☐ Ye   | es. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| Abor company of the c |  |   |
|  |  |   |
|  | r penalty of perjury, I declare that I have read the summar<br>hey are true and correct. | ry and schedules filed with this declaration and  |
|  | aDonna Brown Randonna Brown  | , <u>*</u>  |
| Signatu  | ure of Debtor 1  | Signature of Debtor 2   |
|  | 7/9/2018<br>MM/DD/YYYY   | Date  |
|  | WINDON THE   | MM/DD/YYYY  |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main E Debtor LaDonna 1 First Name Middle Name known) Last Name Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases No Lessor's name: Gm Financial Description of leased property: Lease for 2017 Chevy Malibu ☐ No Lessor's name: Description of leased property: No Lessor's name: Description of leased property: No Lessor's name: Yes Description of leased property: No Lessor's name: Description of leased property: No Lessor's name: Yes Description of leased property: Lessor's name: Description of leased property: Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

|  | Is/ LaDonna Brown Janonna Brown Signature of Debtor 1 |  | Signature of Debtor 2 |  |
|--|---|--|-----------------------|--|
|--|---|--|-----------------------|--|

Date 7/9/2018 MM/DD/YYYY Date MM/DD/YYYY

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main

Document Page 63 of 64 UNITED STATES BANKRUPTCY COURT

**Northern District of Illinois** 

| In re: | Brown, LaDonna E  Debtor(s)                          | Case No   |                                       |
|--------|--|---|---------------------------------------|
|        |  | Chapter.  | Chapter7                              |
|        | VERIFICATION   | OF CREDITOR MA                                    | TRIX                                  |
| knowle | The above named Debtors hereby verify that the adge. | attached list of creditors is                     | true and correct to the best of their |
| Date:  | 7/9/2018   | /s/ Brown, LaD<br>Brown, LaDon<br>Signature of De | na E                                  |
|        |  |   |                                       |

Case 18-19239 Doc 1 Filed 07/09/18 Entered 07/09/18 17:48:35 Desc Main

| Debtor 1 LaDonna  | _   | Document  | Page 64 01 64               |                  |                                     |  |                            |
|---|---|---|-----------------------------|------------------|-------------------------------------|--|----------------------------|
| First Name  | E<br>Middle Name                                    | Brown<br>Last Name                                    | Case numbe                  | r (if known)     |                                     |  |                            |
|   |   | Last Name   | Column A<br>Debtor 1        |                  | Column B Debtor 2 or non-filing spo | uleo.  |                            |
| Unemployment compensation     Do not enter the amount if you con under the Social Security Act. Instea  | tend that the amount<br>d, list it here:            | received was a benefit                                | \$0.00                      |                  | ————                                |  |                            |
| For your spouse   |   | \$1,262.00<br>\$0.00                                  |                             |                  |                                     |  |                            |
| Pension or retirement income. Do benefit under the Social Security Act  | not include any amo                                 | ount received that was a                              | \$0.00                      |                  | -                                   |  |                            |
| 10.Income from all other sources n<br>amount. Do not include any benefit<br>payments received as a victim of a v<br>international or domestic terrorism. I<br>page and put the total below. | ot listed above. Specs received under the S         | ocial Security Act or                                 |                             |                  |                                     |  |                            |
| Other Government Assistance   |   |   | \$111.00                    |                  |                                     |  |                            |
| Total amounts from separate pages,  | if any.   |   | +\$0.00                     |                  | +                                   |  |                            |
| 11. Calculate your total current mo   |   |   | \$ <u>111.00</u>            | +                |                                     | =  | \$111.00                   |
| column. Then add the total for Co   | lumn A to the total fo                              | r Column B.   |                             |                  |                                     |  |                            |
|   |   |   |                             |                  |                                     |  | al current<br>othly income |
| Part 2: Determine Whether the   |   |   |                             |                  |                                     |  |                            |
| 12. Calculate your current monthly i  | ncome for the year.                                 | Follow these steps:                                   |                             |                  |                                     |  |                            |
| 12a. Copy your total current monthly  |   | • «««««««««»»»»                                       |                             | Copy line        | e 11 here →                         | <u>\$1</u>   | 11.00                      |
| Multiply by 12 (the number of   |   |   |                             |                  |                                     | X  | 12                         |
| 12b. The result is your annual incom  | e for this part of the f                            | orm.  |                             |                  |                                     | 12b. \$1   | ,332.00                    |
| 13 Calculate the median family inco   | ma 4ha4 amulian ta                                  |   |                             |                  |                                     | 1 march  | S                          |
| To calculate the median lamily moon   | me that applies to y                                |   |                             |                  |                                     |  |                            |
| Fill in the state in which you live.  |   | Illinois  |                             |                  |                                     | The second secon |                            |
| Fill in the number of people in your h  | nousehold.  |   |                             |                  |                                     |  |                            |
| Fill in the median family income for y household.   | our state and size of                               | ***************************************               |                             | **************** | uuuvarie on na siinna               | 13. \$52   | ,410.00                    |
| To find a list of applicable median incinstructions for this form. This list materials  | come amounts, go on<br>ay also be available at      | lline using the link spec<br>the bankruptcy clerk's o | ified in the separate       |                  |                                     |  |                            |
| 14. How do the lines compare?   |   |   |                             |                  |                                     |  | -                          |
| 14a. Line 12b is less than or equal Go to Part 3.   | ual to line 13. On the                              | top of page 1, check bo                               | ox 1, There is no presumpti | on of abus       | se.                                 |  |                            |
| 14b. Line 12b is more than line<br>Go to Part 3 and fill out Fo   | 13. On the top of pag<br>rm 122A-2.                 | ge 1, check box 2, The                                | presumption of abuse is de  | termined b       | by Form 122A-                       | 2.   |                            |
| Part 3: Sign Below  | 8   |   |                             |                  |                                     |  |                            |
|   |   |   |                             |                  |                                     |  |                            |
| By signing here, I declare under per  | alty of perjury that the                            | e information on this sta                             | atement and in any attachm  | ents is tru      | e and correct.                      |  |                            |
| /s/ LaDonna Brown Signature of Debtor 1   | (Donna!   | Brown 3   | Signature of Debtor 2       |                  |                                     |  |                            |
| Date 7/9/2018<br>MM/DD/YYYY   |   | ,   | Date 7/9/2018<br>MM/DD/YYYY |                  |                                     |  |                            |
| If you checked line 14a, do NOT If you checked line 14b, fill out Fo  | fill out or file Form 122<br>orm 122A-2 and file it | 2A-2.<br>with this form.                              |                             |                  |                                     |  |                            |